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MED. SERIALS

BMC

Journal of the Canadian Health Libraries Association

Bibliotheca Medica Canadiana

Le journal de l'Association des bibliothèques de la santé du Canada

- The Library's Role in Education
- A Public Health Unit Library Network
- Developing an Electronic Branch Library
- Learning the Internet by Video

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Table of Contents

Bibliotheca Medica Canadiana
Volume 16 Number 3, Spring 1995

Editor's Message 97
A Word from the President *George Beckett* 98
Un Mot du président *George Beckett* 99
Articles and Reviews
Resource Sharing via DOCLINE: One Library's Experience *Cathy Rayment* 101
The Library's Emerging Role: Modelling for Partnership in Education
David W. Boilard and Karen Hackleman Dahlen 102
The Central West Ontario Public Health Unit Library Network
Larry W. Chambers, Elena F. Goldblatt, Bonnie Campbell, Ivana Kazda 105
Developing an Electronic Branch Library *David Colborne* 110
C.L.A.M. - Computer Literacy Advancement Modules *Susan Cleyle* 116
Inventing our Future Through Collaboration *Phillip Hassen* 119
Learning the Internet by Video: A Product Review *Bill Poluha* 123
Reports
DOCLINE Update 124
Nouvelles de DOCLINE 125
News from CISTI 126
Nouvelles de l'ICIST 127
Report of the CHLA/ABSC Representatives on the ABSTI Subcommittee on Health Sciences Information 128
CANMEDLIB Update 129
News
Brief Notes 101
CHLA/ABSC Chapter Map *Carole Brault* 114
Contents of *Health Libraries Review:* Volume 11(3) 1994 129
Old World, New World: CHLA/ABSC 19th Annual Conference 130
Final Call for Submissions for Poster Session: Old World, New World 131
Northern Exposure to Leadership Institute 131
New Resources to Note 132
Telemedicine Schedule 132
Career Opportunities 133
CHLA/ABSC Board of Directors 134

BIBLIOTHECA MEDICA CANADIANA

The **Bibliotheca Medica Canadiana** is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library.

The **Bibliotheca Medica Canadiana** is published 4 times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of the contributors and the editor and not the **CHLA/ABSC**.

La **Bibliotheca Medica Canadiana** a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillant dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées.

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Editor's message

Dave Colborne

BMC is over half way through its second decade. Scanning the issues from the past 15 years has made me aware of how often we have asked the same questions, contended with the same problems, and shared similar kinds of information. In 1982 editors Arlene Greenberg and Pierette Dubuc opened their editorial message with the following words:

> *Of growing concern to all of us, as we head into the new year, is how to manage our day to day operations in the face of tremendous budget cutbacks.(1)*

During the intervening years, many of our libraries have survived, even prospered. This must be due in large part to our providing a service which has been judged valuable and relevant by those who make funding decisions. A significant part of our success is a result of our sharing, both formally and informally, ideas and experiences that have helped us to better fulfil our particular missions. CHLA and *BMC* have certainly been part of this mutually sustaining and energizing process. By participating, by contributing, we can make each other stronger.

BMC 16(4) will be a theme issue. This is nothing new for *BMC*. The first theme issue that I could identify was a consumer health education issue in *BMC* 2(5) in 1980. Other topics that followed were QA, oncology information sources, and association libraries, with each issue aimed at "providing in-depth coverage on topics of interest to practising health librarians in Canada" (2).

In the next issue we will again take up a topic which was covered as a theme in 1983 in issues 5(3 & 4) and which continues to be important, even meriting inclusion as a focus of one of the CE sessions at last year's CHLA conference in London. *Drug Information* will be at the heart of *BMC* 16(4) (although submissions about other topics are certainly welcome).

We all have our preferred print resources that we use for drug, pharmacy, and pharmacological information, but do we all use the same sources? What are the electronic sources that we use? Who are the drug information experts that we in turn call upon? Is the Internet any help in this area? Do drug information CD-ROMs make any more sense than their print counterparts? Where do we go when we need information about foreign medications or alternative preparations or generic drugs? And who provides the most acceptable information for consumers? These are just some of the questions that I hope will be addressed in the next issue. If you have any information that you want to contribute to this forum, please contact me.

I would also be interested in learning about any other topics that you feel could anchor future *BMC* issues. ■

References

1. Greenberg A and Dubuc P. 1982. From the editor. Bibliotheca Medica Canadiana 3(4):72.
2. Stableford B, and Baillie D. 1983. From the editors. Bibliotheca Medica Canadiana 4(5):92.

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A Word from the President

George Beckett

1995 has swept in along with many new opportunities and challenges for CHLA/ABSC. The Fall Board of Directors meeting took place in November in Winnipeg. A lengthy agenda was filled with issues with which the Board grappled. Standards, resource sharing, relations with CISTI, reviewing the association strategic plan, development fund applications, national bench mark survey discussion, promoting the association: these were just some of the topics covered at the meeting.

While the Fall Board meeting was very demanding it also provided an interesting snapshot of the many activities and issues with which our association is involved. The health care system in Canada is undergoing major changes. We as individuals and as an association are faced simultaneously with the double-edged sword of tremendous uncertainties and great opportunities for positive change. CHLA/ABSC has an important role to play in assisting our members to thrive in this period of change.

By the time you receive this issue of BMC the second draft of the new "Standards for Library Information Services In Canadian Health Facilities" will have been issued for comment. I ask that you review this document closely and send your comments to the Task Force members who are fostering the development of this new document. It is hoped that the new standards document will be ready for distribution at the 1995 Annual Conference. To make it a truly useful document we need your comments now!

The Board also reviewed the association strategic plan "Recommitment to Change" which was adopted in 1993. Already there are major themes such as the association role in fostering resource sharing arrangements, which are not clearly articulated in the strategic plan. I will be bringing to the annual conference suggestions for clarifications and amendments to the CHLA/ABSC strategic plan which will update the plan. If you have any questions or suggestions about possible modifications to the strategic plan, please contact me.

A new initiative which the Board is assessing is the question of a national benchmarking survey of library/information capabilities in Canadian health facilities. There is clearly a need to develop some benchmarking data to provide some quantitative information which can be used in conjunction with the new standards. It is also important because of the need to gather information about the changes which are affecting libraries in the rapidly changing health care sector.

At the Fall Board meeting the new Task Force on Resource Sharing was officially created and its terms of reference accepted. The task force will act as a generator of ideas for activities through which CHLA/ABSC can improve information resource sharing in the health field. The members of the new task force are Lea Starr, Patrick Ellis, Joan Leishman and Charlotte Beck. One initiative of the task force is the addition of a resource sharing symposium to the 1995 annual conference.

This is an appropriate time to mention the 1995 conference in St. John's, Newfoundland. It will be held from June 2 - 7 with the main presentation portion of the conference from June 5 - 7. This year the conference will run for three full days in addition to continuing education courses held June 2 - 4. The conference programme is exciting and shows every sign of being another exceptional opportunity to keep up to date with the latest developments of interest in the health facility library world. Join us on the ROCK in '95!

I wish to encourage CHLA/ABSC chapters and interested individuals to submit applications for the CHLA/ABSC Development Fund. The Development Fund is a significant amount of money budgeted each year by the association to assist in activities which further its purpose. While there have been some successful applicants since the introduction of the Development Fund, there have been relatively few applications. The terms of reference for the Development Fund and the application evaluation criteria are listed in the association directory. Be proactive and send in an application!

I would also ask chapter presidents to ensure that they submit the names and contact information of all chapter executive members to the CHLA/ABSC Secretariat as soon as executive changes occur. To communicate effectively we need to know who we should contact in the chapters.

The next meeting of the Board will be February and I anticipate another busy session. I will report on that meeting in the next issue of BMC. I wish you all a prosperous and happy new year. See you in St. John's in June!

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Un Mot du président

George Beckett

Nous sommes déjà en 1995 et, cette année, bon nombre de nouvelles possibilités et de nouveaux défis attendent l'ABSC/CHLA. L'Assemblée d'automne du Conseil de direction a eu lieu en novembre à Winnipeg. L'ordre du jour de cette assemblée était fort rempli et il faut dire que le Conseil s'y est attaqué avec vigueur. Normes, partage des ressources, relations avec l'ICIST, révision du plan stratégique de l'Association, demandes de fond à des fins de développement, discussion concernant le sondage visant à établir des normes nationales, promotion de l'Association, voici quelques-uns des sujets abordes au cours de cette assemblée.

L'Assemblée d'automne du Conseil a été des plus exigeantes et elle dépeint très bien les nombreuses activités de notre association et les questions qu'elle touche. Le réseau de soins de santé du Canada est en train de subir de profonds changements. Nous, en tant que personnes et association, devons vivre avec ce que représentent ces changements, c'est-à-dire l'incertitude d'une part mais aussi de nouvelles possibilités de faire des changements positifs. L'ABSC/CHLA peut grandement aider nos membres à s'adapter à cette période de changement.

D'ici à ce que vous receviez le nouveau numéro de BMC, la seconde version préliminaire des nouvelles Mnormes dans les bibliothèques et services d'information des établissements canadiens de santé aura été distribuée pour être commentées. Je vous demande d'étudier attentivement ce document et de faire parvenir vos commentaires aux membres du Groupe de travail qui sont responsables de l'élaboration de ce nouveau document. Nous espérons que ce nouveau document sur les normes sera prêt à être distribué lors du Congrès annuel de 1995. Pour rendre ce document véritablement utile, nous avons besoin de vos commentaires des maintenant.

Le Conseil a également révisé le plan stratégique de l'Association intitulé *Recommitment to Change* qui a été adopté en 1993. Dans ce plan stratégique, on voit que certains thèmes majeurs n'ont pas été clairement définis, par exemple, le rôle de l'Association dans la promotion des ententes concernant le partage des ressources. Lors de l'Assemblée générale annuelle, je ferai part de suggestions visant à préciser et à modifier le plan stratégique de l'ABSC/CHLA qui auront pour effet de le mettre à jour. Si vous avez des questions ou des suggestions concernant d'éventuelles modifications, n'hésitez pas à me contacter.

Le Conseil est en train d'évaluer un nouveau projet. Il porte sur la tenue d'un sondage visant à établir des données repères nationales sur les services offerts par les bibliothèques et les services d'information des établissements canadiens de santé. Il est évident qu'il existe un besoin d'obtenir certaines données repères. Ces renseignements d'ordre quantitatif pourraient être utilisés de concert avec les nouvelles normes. Cela est également important parce qu'il est nécessaire d'amasser de l'information à propos des changements rapides dans le secteur des soins de santé qui touchent les bibliothèques.

Lors de l'Assemblée d'automne du Conseil, on a officiellement mis sur pied un nouveau groupe d'étude sur le partage des ressources et son mandat a été adopte. Le groupe d'étude agira en tant que générateur d'idées d'activités à l'aide desquelles l'ABSC/CHLA peut améliorer le partage des ressources et de l'information dans le secteur de la santé. Les membres de ce nouveau groupe de travail sont Lea Starr, Patrick Ellis, Joan Leishman et Charlotte Beck. Un des projets de ce groupe de travail est d'ajouter un colloque sur le partage des ressources au Congrès annuel de 1995.

C'est le moment approprié pour donner quelques renseignements à propos du Congrès 1995 à St. John, Terre-Neuve. Il se déroulera du 2 au 7 juin. La principale portion MprésentationsN du Congrès se situera entre le 5 et le 7 juin. Cette année, le Congrès durera trois journées complètes et on offrira des cours de l'éducation permanente entre les 2 et 4 juin. Le programme du Congrès est des plus intéressants et promet d'être une autre occasion exceptionnelle de se mettre à jour sur les plus récents développements d' interêt dans le monde des bibliothèques des établissements de santé. Rendez-vous sur le grand rocher des Terre-Neuviens en 1995!

Je désire encourager les chapitres de l'ABSC/CHLA et les personnes intéressées à soumettre des demandes au Fonds de développement de l'ABSC/CHLA. Ce fonds de développement dispose d'une somme d'argent importante que l'Association accorde à chaque année pour aider à la réalisation d'activités qui répondent à ses objectifs. Bien qu'un certain nombre de personnes aient reçu des réponses positives à leur demande de fonds depuis la création de ce fonds de développement, nous n'avons reçu que peu de demandes. Le mandat du Fonds de développement et les critères d'évaluation des demandes sont contenues dans l'Annuaire de l'Association. Vous avez envie d'améliorer les choses? Faites-nous parvenir une demande!

J'aimerais également rappeler aux présidents des chapitres de ne pas oublier de soumettre le nom et les coordonnés complètes de tous les nouveaux membres de direction de leur chapitre au Secrétariat de l'ABSC/CHLA, lorsque des changements surviennent. Pour communiquer efficacement, nous devons savoir qui contacter au sein des chapitres.

La prochaine réunion du Conseil aura lieu en février et je prévois qu'il s'agira d'une autre séance fort occupée. Je ferai rapport de cette rencontre dans le prochain numéro de BMC. Je vous offre mes meilleurs voeux de bonheur et de prospérité pour la nouvelle année. J'espère vous voir à St. John's en juin! ■

OLD WORLD

NEW WORLD

The Newfoundland and Labrador Health Libraries Association is pleased to host the

CHLA/ABSC 19TH ANNUAL CONFERENCE JUNE 2–7, 1995 ST. JOHN'S, NEWFOUNDLAND

Canadian Health Libraries Association /
Association Bibliothèques de la Santé du Canada

Resource Sharing via DOCLINE: One Library's Experience

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A comparison of our DOCLINE Statistical Reports for the April through June periods of 1993 and 1994 revealed some startling changes in resource-sharing patterns. We sent our first requests via DOCLINE on June 10th 1993, so the total number of requests generated in the two quarters are not strictly comparable. What's interesting is the visible change in suppliers. At the end of June 1993, 93% of our ILL requests were filled by MLS and UBC; NLM filled the other 7%. This definitely was in line with our pre-DOCLINE experience, except that CISTI (which had not yet started participating in DOCLINE) probably would have supplied the 7% had we been sending requests via the mail.

By the end of June 1994, a dramatically different pattern had emerged. MLS/UBC supplied only 33.6% of our requests during this quarter. Other BC libraries supplied 40%, CISTI supplied 4.9%, and other Canadian libraries supplied 4%. US libraries (primarily, but not exclusively NLM) supplied us with 17.4% of requests filled during the three month period. This last figure may be an anomaly as a special project on gambling (which is apparently not a subject specialty for many Canadian libraries) forced us to look quite far afield for suppliers.

DOCLINE encourages use of the collections of smaller, local health libraries, especially as these libraries are placed in our routing tables before MLS, and other large collections. Articles arrive quite promptly, regardless of whether they come from Coquitlam, Prince George, Burnaby or Victoria. We had always had great ILL services from MLS, and truthfully, we were a little reluctant to hop aboard DOCLINE, but any worries we had about possible slowdowns in delivery time etc. have been laid to rest. Our turnaround time from the sending of an ILL request to delivery to the client has diminished by 50% or more to an average of one week. Needless to say our patrons are impressed!

Our serial holdings did not get added to SERHOLD until the end of March 1994 so the quarter ending June 1993 shows no requests for us to lend items. This was in keeping with our pre-DOCLINE ILL experience, when we typically filled less than 30 requests per year from other libraries. Now however our collection is being accessed by others on a regular basis. We were able to fill a whopping 59 requests during the April — June 1994 quarter! That may not seem very impressive, but it is a 800% increase in use!

"Our turnaround time from the sending of an ILL request to delivery to the client has diminished by 50% or more to an average of one week"

All indications suggest that using DOCLINE will decrease our ILL costs. By this time last year we had already paid over $5400 for ILLs; despite similar borrowing statistics this year, we've only paid $1600 (mind you we still haven't received invoices from all our suppliers). This wasn't an effect that we expected to find, and we can't help but wonder if other small libraries are experiencing this, and if so, what affect this loss of revenue will have on the larger libraries.

Our experience this past year shows that DOCLINE maximizes resource sharing, there is no doubt.

Editor's Note: This appeared in a recent issue of HLABC Forum. I would like to thank Cathy and Arlene Higgs, editor of HLABC Forum, for granting permission to reprint this item. D.C. ■

Brief Notes

The Canadian Dinner at MLA

Lea Starr will be coordinating the Canadian Dinner at the Annual Medical Libraries Association Conference in Washington (May 7-10, 1995). Information will be posted on the general information board at the conference *or* you can contact Lea beforehand (contact information can be found in the CHLA/ABSC Board of Directors listing on page 134).

Resource Sharing Session at CHLA/ABSC Conference

Be sure to attend the Resource Sharing Session on June 7, 1995 in St. John's from 1:30 to 4:15 p.m. There will be four speakers and a panel discussion devoted to this topic.

Welcome to the Newest CHLA/ABSC Chapter

The Golden Horseshoe Health Libraries Association (GHALA) was recently approved by the CHLA/ABSC Board as our newest chapter. It represents libraries in the "golden horseshoe" region which arcs around the western end of Lake Ontario. The Association's first executive consists of Leslie Sutherland (President), Liz Bayley (Vice President/President Elect), and Gayle Fitzgerald (Secretary/Treasurer). ■

The Library's Emerging Role: Modelling for Partnership in Education

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Presentation delivered to the Canadian Health Libraries Association, June 1994 — London, Ontario, Canada

More than a decade has passed since the landmark "Matheson Report" defined the stages of transfer from paper to computer-based systems(1). Although the report focused on the role of the library in information management, the librarian as early as 1982 was challenged to teach personal information management, learning processes for the continuing use of knowledge bases, and computer literacy.

Two other significant reports were also produced which had implications for librarians. *Medical Education in the Information Age, Proceedings of the Symposium on Medical Informatics*, published by the Association of American Medical Colleges (AAMC) in 1986, describes a continuum of informatics — from the fundamental search for new knowledge to the application of that knowledge in health professional practice — a continuum which involves skill development offered by librarians(2).

The 1992 *ACME-TRI Report, Educating Medical Students: Assessing Change in Medical Education; The Road to Implementation*(3), by the AAMC, addressed shared responsibilities for educational reform and described the institutional climate that supports such changes. Three of the five sections of the report have mandates which relate to information-seeking skills: faculty development, educational strategies for students, and information transmission and management.

Academic health science libraries have responded to these reports with a variety of initiatives, launching collaborations not only with faculty and course directors, but with systems people, medical educators, interdisciplinary leaders and hospital administrators.

Current educational activities

At the Health Sciences Library of the University of Illinois-Chicago, a three-session mini-course for first year medical students was developed to foster collegial communication. It introduces campus database projects under development, electronic mail, and basic features of the Internet. All point-of-use instruction, as well as segments of curriculum courses, include specific objectives related to the importance of thesaurus and vocabularies, boolean logic, and MESH tree structures. Features of systems are introduced using time management techniques, attuned to the difficulty of the assignment.

At the Medical College of Ohio, information filtering techniques and information seeking decision points are taught within the medical school course on "Medical Decision Making." E-mail and Internet navigation is collaboratively taught with Information Systems.

In May 1994, a survey was conducted of the 16 academic health science libraries in Canada to ascertain the extent of their involvement in health professions education. The response rate was 69%, with the data being provided, in most cases, by the head of the health sciences library. It uncovered a significant engagement in both the teaching and the planning aspects of the educational process:

- *The survey found that 63% of the libraries had a planning document or written goals concerning the educational role of the library. Another 9% reported one in progress.*
- *91% reported participation in some type of joint planning or evaluation session with faculty for educational activities and 91% participated on related planning groups. But only 55% regularly attended curriculum committee meetings. Of those, 50% attended as regular members, 50% as ex-officio, and 20% as invited guests. Another 20% reported combinations of appointments. This question allowed for more than one answer.*
- *27% percent of the library heads said that they held traditional faculty appointments, and 18% said that their professional librarians did. The remaining 55% of the library heads did, however, hold a different type of faculty status, making a combined total of 82% with some type of faculty status.*
- *45% reported librarians teaching within the formal curriculum, and not surprisingly 100% taught in non-curriculum courses or sessions. Of those teaching in the curriculum, 80% were involved in lecture courses, 20% in electives, 60% in small group and 40% in one-on-one presentations as an adjunct to formal courses. A question regarding involvement in problem-based learning was improperly posed for obtaining useful data.*
- *The estimated average number of total contact hours for librarians teaching in the curriculum were 1-5 hours per month for 80% of the respondents. The remaining 20% (one library) had a combined total of 221 hours, which averaged to 16-20 hours.*
- *When asked if the library had increased its participation in the educational process in the past three years, 91% said "yes". Only 82% indicated the increases, but they were estimated at 1-15% by 22% of the respondents for this question, 16-25% by 22%, 26-50% by 34%, 51-75% by 11%, and more than 75% by 11%.*
- *100% believed that one of the library's primary roles should be formal involvement in the educational process, and 73% believed that the faculty generally supports the library's taking such a role. Mixed or null faculty acceptance was reported by 18%, and 9% (one library) were unsure.*
- *Finally, respondents were asked if they expected library staffing to be restructured to accommodate more teaching activity, 91%*

said "yes". The one library reporting "no" had a very small staff. All supported the idea of additional training and development for teaching librarians.

Redefining the role of the library

Obviously, the health science library has a major foothold in the educational process. But at the same time, it is still heavily engaged in information and knowledge management.

This latter role was best promulgated by the Matheson Report which urged the integration of the health science library into the campus information environment, chiefly through a strategic concept called the Integrated Academic Information Management System.

This report, more than any other, provided the philosophical foundation for making information management the health sciences library's primary role. On some campuses, it enabled libraries to assume a major leadership position, though it sometimes reinforced the concept of the library as mainly an information utility. In other places, ill-defined roles led to turf battles with units such as biomedical communications, computer systems, and informatics departments over hegemony for the provision of information services.

The current progress of mega-networks is also changing the library terrain. Regional, integrated electronic library networks, like OhioLINK(4), will provide database access, seamless searching, direct borrowing, immediate document delivery, digital imaging, and eventually a virtual library directly to the user's lap. Advances such as the World Wide Web will make these mega-networks global.

New challenges in medicine

The changes occurring in medicine itself are no less significant and pose new challenges and opportunities for libraries. Academic medicine is "uniquely positioned", according to Benoit Bouchard, former Canadian Minister of National Health and Welfare, "with links to both the educational system and the health care system"(5). This link, he continues, carries the responsibility for physician training, quality patient care and the search for new knowledge.

One of the newest and most stimulating links which will affect the librarian's role as educator comes from the evidence-based medical working group headed by Canadian Dr. David L. Sackett(6). The series of articles on this topic that have appeared in JAMA in 1992 and into 1994 paints a new picture for librarian participation in the education-research-patient care matrix.

Also, problem-based learning (PBL), initiated in 1969 at McMaster University, has been making headway in Canadian and U.S. medical schools. PBL has been a particularly exciting entry point for librarians into the curriculum. The *ACME-TRI Report* indicated that 30% of their survey respondents had a PBL program in place.

"The survey uncovered a significant library engagement in both the teaching and the planning aspects of the educational process"

Given the ever growing educational role for libraries, and given the increasing ambiguity of the role of information provider and the decentralization of information services and resources, it is timely for health sciences libraries to consider reformulating strategies with an aim towards making involvement in education a primary role.

Education: A primary role

A change in emphasis of the library's primary role from information utility to educational body requires more than increased involvement in teaching. It entails understanding the determinants of that type of role, and developing a sound strategy for achieving it.

Determinants

Probably the most important consideration is the clarity of vision and commitment of the library director. This involves dedication of personal time and library resources. It includes time for librarians to attend curriculum and related committee meetings, to develop instructional materials with course directors, and to work with faculty and administrators in setting achievable goals. It recognizes that self-motivation, interpersonal skill development, regular retraining, and flexibility are keys to a progressive approach to instruction.

Stoffle, Guskin and Boisse(7) assert that it is the role of the director to

a. foster the environment that encourages risk taking;

b. hire, train and reward staff for teaching;

c. advocate the proper support for teaching;

d. be willing to redirect resources.

If the library's role in a more complex educational agenda is to be perceived in the broadest sense, new formats and delivery systems have to be incorporated as part of the librarians' armamentarium. No longer will education be defined as point-of-use instruction or demonstrations on systems. Rather, integrated segments must be designed to enhance the objectives of curriculum-based courses. Opportunities should be created for student and faculty to maintain more self-directed learning styles.

A second and equally important determinant is the value placed on teaching by the institution itself. Although the phrase, "education of the student" is most likely in every medical school's mission statement, few rewards exist for doing it. "Excellence in teaching" is rarely proclaimed in the same breath as "excellence in research."

Other key determinants include the development of strategic linkages and improved communication with faculty, a willingness by the faculty to experiment with librarians in restructuring existing courses and designing new ones, acceptance of librarians as colleagues on curriculum committees, and acknowledgement by librarians of their new roles as educators outside the walls of the library.

Strategies

The process of securing an integral place in the educational continuum is as much a political undertaking as an administrative one. It requires a realignment of priorities, a restructuring of activities and staffing, and a clear articulation of mission and goals. It also requires support from administrators who must approve the new goals and provide fiscal resources for carrying them out.

Organizationally, the optimal location for the teaching library is under the aegis of an academic affairs or equivalent division. Faculty status of some type is usually a critical factor for acceptance by other faculty in the full range of educational participation. Also, it identifies to administrators and others in the institution that the library is indeed an educational unit.

Most importantly, however, librarians must become involved, as Guskin, Stoffle and Boisse(8) put it, in "the building of elaborate relationships between librarians and faculty". Educational integration cannot be accomplished, the "teachable moment", not discovered and exploited, without this.

Summary

The growing involvement of academic health science libraries in the educational process and their slowly diminishing role as information stewards offers a unique opportunity for them to begin shifting emphasis by adopting education as one of their primary roles. This involves commitment by the director and the librarians, and a sound strategy for effective acceptance by administrators and faculty. ■

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The Central West Ontario Public Health Unit Library Network

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Abstract

In the 1990's, public health practitioners must have improved information literacy skills to cope with the ever increasing amount of information available to them. We report here on how a special library focusing on public health topics in one teaching health unit in Ontario has expanded its mandate to include six neighbouring public health units. Steps in the establishment of the Central West Library Network included recruitment of a library technician and the introduction of library management processes; promotion of information literacy skills through small groups, self-directed learning; and lastly, an active health library network. The establishment of the Central West Library Network included a needs assessment, development of special services, and ongoing monitoring and evaluation. The future of the network and comparisons with other public health information services are discussed.

Implications of information technology for public health

In the 1990's, health organizations must support the "triple I's" (1): Intelligence — staff (decision-makers) must be supported to think and act; Ideas — staff must be supported to be life-long learners; and Information — staff must use information efficiently in decisions about clients/patients when planning, implementing and evaluating programs. With the recent explosion in the amount of health information(2), including both textual (health sciences literature) and numeric data (epidemiology, surveys), decision-makers must be "information literate". In order to know when to act on information, they must have the skills to find it and to critically appraise it(3,4,5). When research evidence exists, public health practitioners are increasingly interested in knowing how to incorporate this research into practice(6,7).

Also in the 1990's, we are witnessing a revolution in the use of computers to catalogue, store and access both textual and numeric information. For example, Index Medicus is a printed index of references in the health sciences literature which can fill up ten or more shelves in a library(8). Today, this same index can be searched from an office or home through MEDLINE using a computer with a modem or in CD-ROM format in a library. Computer software also exists to access a whole host of other bibliographic databases such as POPLINE (population health topics), TOXLINE (toxicology), CINAHL (Cumulative Index to Nursing and Allied Health Literature), PsycINFO (psychology literature) and many others. A number of these databases provide abstracts and a few journals such as *New England Journal of Medicine* and *Journal of the American Medical Association* are now providing full text "on-line" services as well. The US Centre for Disease Control has designed a software program called CDC WONDER which contains epidemiological data and is designed to be very user friendly to most novice computer users(9). Most recently, the Cochrane Collaboration is being established to provide computer access to scientific literature reviews on the effectiveness of health care interventions used in prevention and treatment(10).

Basic education programs for health professionals are just beginning to incorporate the following into their curricula:

1. finding textual information;
2. critical appraisal of the information;
3. learning to practice with these new approaches.

While most recent graduates have computer skills, the vast majority of existing decision-makers neither acquired these skills in their basic training nor have incorporated these activities into their work experience since their basic training. There is a need to address this generational lag. It will be ten to twenty years before new graduates take up the positions of present decision-makers who should be exploiting information technology in the workplace now.

The Library in the Hamilton-Wentworth Department of Public Health Services

The Department of Public Health Services of the Regional Municipality of Hamilton-Wentworth (DPHS) along with eight of the other 42 health units in the province of Ontario is a Teaching Health Unit. Thus, the staff in the DPHS strive to integrate service, education and research into their day-to-day operations (11). With responsibility for providing leadership in the education of new and existing public health practitioners, the DPHS set up a specialized library at the time it was established as a Teaching Health Unit in 1986. The philosophy in setting up the library was influenced by the Health Information Research Unit (HIRU) in the Faculty of Health Sciences of McMaster University (12). This "health informatics" research and development group focuses on ways in which information can be more efficiently retrieved and made user-friendly to improve decision-making. On the advice of the HIRU, the DPHS's special library focussed on public health topics and from the outset emphasized retrieval, as opposed to storage, of information. This included an emphasis on assisting the DPHS staff in improving their awareness, appraisal and application of the resources available through the DPHS library.

The Library's Three Building Blocks

Initial steps in establishment of the library included: recruitment of a library technician and introduction of library management processes(11), introduction of workshops on "information literacy" skills using specially developed public health learning packages(3,13,14,15), and membership in the Hamilton and District Health Library Network. These three building blocks of the special health unit library are described below.

1. Library Staff and Library Management

The DPHS library technician, who had experience working in other libraries, a baccalaureate degree and a library technician's diploma from a community college, serves as the intermediary between the library's multitude of resources and DPHS staff. Recruitment and additional training of the library technician was pursued through support from the McMaster University Health Sciences Library which was also involved in other steps in establishing the special library. The library technician reports to the

DPHS Teaching Health Unit Coordinator. Representatives from all divisions within the DPHS have membership on the DPHS Library Committee which also has a selections subcommittee. Together, these committees work in conjunction with the library technician to establish the library's operating policies and procedures. A "Collections Development Policy" guides Committee decisions regarding the purchase and weeding of materials.

The library technician manages the library's day-to-day operations including the provision of special reference services to staff, students and faculty. These include in-house materials, searching on-line databases, obtaining material from the Hamilton and District Health Library Network libraries, obtaining material from outside the Hamilton area through interlibrary loans, circulating monthly journal contents pages, clipping and circulating newspaper articles on health topics, and maintaining a "vertical file" of recent articles on "hot" topics in public health.

2. Promotion of Information Literacy Skills

The HIRU has emphasized the need for all decision-makers to become self-sufficient in the use of information technology (12). They should have the skills to find, critically appraise, and act on information in their daily work (4,5). In the DPHS, this process begins with making all public health practitioners aware of the presence, purpose and benefits of the DPHS library. Library staff know that the goal of self-sufficiency for decision-makers will not render them redundant, but instead should increase the demand for their knowledge and expertise. Self-sufficiency without the assistance of library staff by decision-makers is elusive, if for no other reason than information technology continues to evolve. As well, easier access to the wide range of databases leads to an increase in demand for retrieval of books and journal articles. Workshops for decision-makers on information literacy topics are offered on topics such as: "How to critically appraise review articles" and "How to find health information literature" (see Table 1 for objectives and content of these workshops). Skills introduced in these workshops can lead to self-sufficiency of decision-makers in deciding what information to look for, how to find it, how to critically appraise it, and provide practice in using it for decision-making.

3. The Hamilton-Wentworth and District Health Library Network

Another important building block for the DPHS library is the Hamilton Health Library Network which was established in 1967 for the purpose of sharing materials held at the participating libraries within the Hamilton area (16). Sixteen libraries in hospitals and other health agencies in Hamilton-Wentworth now participate in the Network. A full-time coordinator for the Network and support staff are housed at the McMaster University Health Sciences Library. The Network was established through the Hamilton District Health Council and McMaster University. Through reciprocal borrowing, the Network allows all participating libraries to have access to collections far beyond their own resources, thereby enhancing the amount of information available to the staff in all participating agencies. Participation in the Network, with a user fee of $12,000 per year based on level of use, enables the DPHS library to pursue its "retrieval" as opposed to "storage" objective. The special services of the Hamilton-Wentworth and District Health Library Network assisted the DPHS library in promoting the integration of service, education and research in the DPHS by staff, students and faculty.

Need for the Central West Library Network

Accomplishments of the library and the mandate by the Ministry of Health that the DPHS teaching health unit activities should benefit other health units in the Central West region, led to consideration of ways for sharing this new resource with six other Central West health units (Niagara, Haldimand-Norfolk, Brant, Waterloo, Wellington/Dufferin/Guelph, and Halton). At a meeting of the medical officers of health of the Central West health units in 1991, it was recommended that a library "needs assessment" be conducted by the DPHS in the six health units.

The library needs assessment was conducted by a librarian consultant who had prior experience in the establishment of a new library network in Toronto. She travelled to each health unit and interviewed either individually, or in groups, at least three managers and staff in each of the six Central West health units. These interviews identified three areas where efficiencies might be achieved:

- *Time and effort required to find information outside the health unit: This included time to travel to university health sciences libraries to pick up computer searches, time required to locate a source for the information or a source to do a computer search, time to search these libraries to find the journals and then the articles, and time to photocopy them.*
- *Difficulty finding available information in the health unit: Typically health units own journals, books and internal and external reports which are not indexed ("grey literature"). These are not catalogued or organized in any way and are often out of date. No health unit staff was assigned to keep the collection organized.*
- *Too much information: Those interviewed reported difficulty keeping up to date because of not knowing which article or book to read, or which information source to select.*

The needs assessment results were then reported to a meeting of the medical officers of health in Central West and the Public Health Branch of the Ministry of Health. A consensus was reached that establishing a new library in each of the six other health units would be too costly. However, some health units indicated they intended to create staff positions which would be responsible for cataloguing grey literature, un-indexed client brochures, videotapes and other client resources, as well as improving access to resources in health sciences libraries. In the DPHS, the management of consumer information is the responsibility of other staff and is stored outside the DPHS library. The DPHS library instead has focused on information needs of the staff, faculty and students, and not the DPHS clients.

Services Offered by the Central West Library Network

Based on the Central West health unit needs assessment, it was agreed by the Public Health Branch that a Central West Library Network be established to serve the six neighbouring health units through expansion of services offered in the DPHS library. With Public Health Branch funding, the Central West Library Network was approved in 1993 with its base in the DPHS library. The services that are offered to the approximately 1,450 staff in the surrounding six health units are outlined in Table 2.

About 80 percent of these staff make decisions about public health programs and/or individual clients while the rest have clerical, administrative or other responsibilities.

Governance of the Central West Library Network is through an Advisory Committee with representatives from all seven participating health units and a Public Health Branch representative. The Committee meets approximately four times a year to determine the objectives, policies and procedures of the Network. The Network funds are administered through the DPHS with the budget approved by the Advisory Committee and the Ministry of Health.

Achievements of the Central West Library Network (CWLN)

The level of achievement of the Network's objectives after one year of operation were assessed through various evaluation approaches which are described here.

CWLN Objective #1: To increase the amount of community health information available for use by public health unit staff.

According to DPHS library records, there was an increase in the use of the DPHS library after the introduction of the CWLN. The number of encounters with the library doubled after the CWLN was introduced and this level of use (or greater) has continued for each month of operation in the following 20 months.

Although some health units have moved to designate staff to organize the client-oriented health information, none of the six participating health units has an operational library, staffed with an information professional. Several health units have space set aside for the storage of materials, but these materials are neither catalogued nor maintained. Most of the health unit staff have books and journals in their offices, but, again, these are not catalogued, and can only be used by staff who are aware of their existence. Thus, the CWLN continues to be a major source of information.

CWLN Objective #2: To increase the percentage of public health unit staff who use community health information obtained from the CWLN in their decisions in planning, implementing and evaluating public health programs and services.

The number of encounters averaged 107 per month for the DPHS and 101 for the other six health units in the CWLN.

A Frequent User Survey was conducted in the ninth month of operation of the CWLN using a sampling frame consisting of the highest three CWLN users in each health unit. A total of 12 users were interviewed by telephone, two from each health unit with the exception of three from Brant and one from Halton. These interviews revealed that more health unit staff are now using up-to-date health sciences literature for the development of educational materials, preparation of presentations and workshops, and decisions about health unit programs than were previously(14). The high quality of the information provided was reported by the respondents of the survey, as was the ease and speed of access to information. Frequent users reported that the CWLN has significantly improved the quality of public health program delivery.

Network User Mail Surveys were also conducted in the sixth and ninth months of operation of the CWLN. Twelve users were randomly selected to be interviewed in each health unit with a response rate of 87 percent. Both the Frequent User Survey and the Network User Mail Survey showed a high degree of satisfaction with the service provided by the CWLN(14). Over half of the 116 respondents were service providers, with the remainder manager/ supervisors, support staff, and consultants. According to the respondents, the top four uses, in order of importance, of information received from the CWLN were: decisions about programs; presentations or workshop preparation; research by the health unit; and, decisions about individual clients. According to the respondents, the CWLN information was seldom used for submissions to the Ministry of Health. Staff reported increased use of health information literature after the introduction of the CWLN.

"Library staff know that the goal of self-sufficiency for decision-makers will not render them redundant"

CWLN Objective #3: To provide continuing in-service education for public health unit staff on how to critically and more efficiently use library services, including the CWLN.

With the establishment of the CWLN, a series of workshops on introducing the health unit staff to the CWLN and development of their "information literacy" skills were offered. The workshops covered how to find health information literature and how to critically appraise it, especially review articles. A total of 17 workshops attended by almost 500 staff were given in the first seven months of operation of the CWLN. Evaluation of these workshops included a post-workshop questionnaire completed by participants. The results from these questionnaires indicate that overall the workshops were successful(14). The workshops are continuing on a reduced scale, that is, one workshop per health unit each six months, with increased emphasis on how to find information for evidence-based decision-making (see Table 1).

CWLN Objective #4: To assist health units in developing in-house literature searching capacity including continuing education of staff.

At the time of writing, there has not been much interest expressed on the part of the health units to develop their own in-house information searching capabilities. The results of the Frequent User Survey indicate that this is likely because CWLN is serving their needs adequately. The strength of the DPHS library staff is their information searching skill, and it may be more effective to have them do literature searches than assist health units in developing their own literature searching capabilities. This would allow more time for health unit staff to use their knowledge and skills to evaluate the information and apply it in developing and improving health unit programs.

Although the materials developed for the workshops are designed for small groups and independent learning, the health units have not reported use of these "learning resources" outside the workshops offered by the DPHS.

CWLN Objective #5: To complement information services already in existence such as the Ontario Prevention Clearinghouse.

The Ontario Prevention Clearinghouse(17) offers services which are similar to CWLN in that they provide information to health professionals. However, these services differ in focus, scope, and range

of individuals served. These differences are now briefly described.

The focus of the Ontario Prevention Clearinghouse is on health promotion, and its professional staff provide consulting in this area, including information on prevention and health promotion programs, program evaluation strategies, funding sources, program resources, support materials, outreach strategies and related research. Often the information provided cannot be found in formal research, which is why health promotion professionals are used by the Ontario Prevention Clearinghouse. Their knowledge and resources include information on individuals involved in related programs, funding sources, and how to implement programs.

In contrast, the CWLN is staffed by library staff. They provide information on the broad spectrum of public health information, primarily from published sources. A health professional would contact the CWLN for up-to-date information on the effectiveness of smoking cessation in prenatal classes; however, the person may go further and contact the Ontario Prevention Clearinghouse for unpublished material and practical issues on implementing such a program.

Library Networks as a Cost-Saving Strategy

In addition to these achievements, the CWLN represents a cost-saving strategy in a time when the costs of operating libraries is increasing due to salaries and cost of books and journals. Contributing to this is a poor exchange rate between the United States and Canadian dollar (most journals and books are purchased from the US). The Hamilton and District Health Library Network avoids duplicating journal purchases, especially relatively low use journals in each network library. The CWLN has removed the need for participating health units to purchase as many journals and books and has reduced the need for health units to hire library staff to catalogue and store books and journals. With computerized bibliographic indexes, material can be accessed using interactive telecommunications. This is less expensive than purchasing a variety of books and journals. In addition, the CWLN makes the holdings of the Hamilton and District Health Library Network immediately accessible to health unit staff by telephone, fax, electronic mail and/or the postal service. The holdings of all North American libraries are also available through the CWLN through inter-library loans, also a service less expensive than purchasing books and journals in each health unit.

The estimated operating cost of the CWLN was $78,000 in 1994. Close to half of this is taken up by the library technician's salary with the remaining costs due mostly to telephone, fax, electronic mail, photocopying, and Hamilton and District Health Library fees. If use of materials were to continue in each of the six health units at the same rate as with the CWLN, the six health units would be hard pressed to maintain this level of service after splitting up the $78,000 in six ways.

Summary and Future Development of the CWLN

In summary, the CWLN has been shown to provide easy access to high quality health information for seven health units including the DPHS. Because of the multiplicity of factors which affect decision-making in health units, it will be difficult to attribute changes in client or service outcomes to the CWLN. For example, it is unlikely that the CWLN alone will be the reason for introducing new effective programs in health units, continuing with existing effective programs, or, curtailing existing ineffective programs. However, users of the service are generally satisfied with the speed of responses to their requests and the quality of the information searches conducted by the library staff. Health unit staff have reported personal time-savings and reduced costs associated with the retrieval of information. The library staff, in addition to providing information needed by health unit staff to assist the community and client groups, also provide information about other resource persons and agencies who could assist with the topic being searched.

The library staff report that users of the library vary considerably in their knowledge of the types of information available. They suggest that improved knowledge and skills in using information sources accessible through the library may increase the efficiency of the service. This would include improvements in identifying keywords; clearer statements of the information need question; changes in the number and appropriateness of the references requested for support of health unit programs; and, changes in the organization of health units to ensure that information provided by the CWLN is shared among the staff.

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Table 2: Services Offered by the Central West Library Network

- on-line computer searching of articles and documents using MEDLINE and DIALOG
- searches of MEDLINE and CINAHL indexed information which are stored on CD ROM in the Hamilton-Wentworth Department of Public Health Services (DPHS) Library
- borrowing of books and journals from the Hamilton Library Network
- inter-library loans of books and journals in North America
- 50 vertical files on current topics in public health
- distribution of press clippings and title pages of current issues of journals (current awareness)
- 450 books, 400 government documents, 100 public health-related journals in the DPHS Library's collection
- an 800 telephone number
- workshops on critical appraisal and information retrieval skills ■

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Table 1: Objectives and Content of Workshops on Information Literacy Skills

Workshop on How to Find Literature for Evidence-Based Decision-Making

Objectives of Workshop:

1. Become aware of some of the many information sources available.
2. Start to develop a critical approach to choosing and using information sources.
3. Learn from colleagues about their experiences using different sources.

Format of Workshop:

Plenary Session

Outline of operation of the CWLN

Methods of finding information, especially review articles (overviews)

Instructions for small group work

Small Group Session

Review participant searching tasks/topics

Compare participant strategies to find information

Discuss strengths and weaknesses of strategies

Plenary Session

Small group reports

Workshop evaluation

Workshop on Critical Appraisal Skills

Objectives of Workshop:

1. Explain the meaning and potential usefulness of published reviews, overview, and meta-analyses.
2. Explain why these are so important for the management of health services.
3. Describe the potential pitfalls of these techniques.
4. Critically appraise a published review article.

Format of Workshop:

Plenary Session

Introductions

Outline of the Operation of the CWLN

Methods of critical appraisal of review articles (overviews)

Instructions for small group work (materials distributed before workshop)

Small Group Session

Review community health problem

Apply critical appraisal criteria to relevant review article

Discuss decision about community health problem

Plenary Session

Small group reports

Workshop evaluation ■

Developing an Electronic Branch Library

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Introduction

Most health libraries find themselves in the transition from traditional to electronic library. Our library is a branch of the Canada Institute for Scientific and Technical Information (CISTI), and as such, we have been in a particularly good situation to push ourselves further in the electronic direction. What follows is a description of how we almost exclusively use offsite journal resources to provide our patrons with the information that they need.

CISTI plays a central role in Canada's scientific infrastructure. What many people do not realize is that CISTI has a second important role as well: it serves as the library for the National Research Council of Canada (NRC). Many of the NRC's Institutes, which are located in seven Canadian provinces, have CISTI branch libraries. The CISTI Biodiagnostics Branch serves the Institute for Biodiagnostics (IBD) in Winnipeg, Manitoba. The scientists at IBD conduct research and develop non-invasive or in vivo diagnostic techniques. The primary research areas are magnetic resonance, infrared spectroscopy, medical informatics, and medical/surgical physiology. Our patrons include chemists, physicists, electronics specialists, physiologists, and computer scientists. With the possible exception of those working in the area of electronics, all of these scientists rely for the most part on scientific journals for meeting their information needs.

What is an electronic library?

For the purposes of this article, I am defining an electronic library as a library which cannot fill its patrons' journal information needs from within its own collection. Instead it is equipped to electronically perform the two major functions of a journal collection: a) provide the current awareness function that new issues in a journal collection would normally provide; b) provide an archive of full text articles for access as required by patrons. In our library we use electronic access to tables of contents and abstracts to replace the journal collection's current awareness function. We use electronic document ordering and electronic delivery of articles to make up for not having an onsite "archive".

Project background

Several factors contributed to the development of this electronic branch. The Institute for Biodiagnostics was a new institute in 1992. As an NRC institute, it required a CISTI branch to support it, but any journals collection which would have been purchased would have duplicated CISTI holdings in Ottawa. At the same time, CISTI's document delivery service was experimenting with electronic delivery of articles. The building itself was well wired, with ethernet cabling connecting all offices and labs, as well as a connection to the Internet. This new branch, which would have new users with new expectations, would be an excellent test site for a library which relied primarily on electronic means of accessing and delivering journal information. It offered CISTI an opportunity to see how satisfied a remote library user community would be with this kind of electronic service. It also offered an opportunity for CISTI to test currently available electronic means of providing this kind of library service.

Library community served

IBD has 120 people on staff and is still growing. Most of these users are involved directly in scientific research. The collection has approximately 80 journal titles. This will be approximately halved by January 1995 as CISTI attempts to consolidate its collection in Ottawa. The circulating and reference collections also include about 800 monographs and analyzed series volumes. To supplement this small journal collection, heavy use has been made of document delivery, primarily from CISTI. In the last 5 months of the fiscal year 1993-94, an average of 632 photocopies/month were ordered by IBD staff. We had to go outside of CISTI for only 1.4% of our photocopy requests. Our users do much literature searching themselves, while the library delivers over 50 searches per month (an average of 16 retrospective literature searches and over 35 SDI searches).

Components of the electronic library

The four components which have been crucial in setting up this electronic library are:

1. a core collection
2. an electronic infrastructure: connectivity, hardware and software
3. an adequate remote source of documents
4. a suitable user group

Core collection in an electronic library

Full text electronic monographs in the disciplines which we cover are either uncommon or prohibitively expensive to purchase and/or network. For this reason we require small collections of circulating and reference books. Textbooks, handbooks, and all of the classic formats associated with a reference collection are particularly useful. Although many reference works are available online, the cost of most of these precludes general access. Having the hardcopy version in reference guarantees access to all patrons at all times. As more monographs become available in CD-ROM format, we may experiment with them if they are reasonably priced. At present the only such item we have is *Scientific American Medicine on CD-ROM* (Scientific American Inc.).

The library maintains a small collection of journals which serve as our core journal collection. Many conflicting interests

have determined the titles present in this small collection. Some titles are associated with individual needs, some with group needs, some with the entire institute in mind. Some directly support IBD research while some expose staff to research in other parallel or unrelated areas. In other words our journal collection is more or less a miniature version of journal collections found in any traditional library. Similarly the split between monograph and journal acquisitions, at 20:80, in our library is a typical split for a traditional library.

The fact that our core collection was not designed to be particularly suited to complement an electronic library probably has its roots in the fact that everyone selecting materials for the new library (both librarians and users alike) were coming out of traditional library settings. After one year relying on an excellent table of contents service and a rapidly accessible and comprehensive remote source of journal articles, it is becoming obvious that our small journal collection with its scattered subject coverage, is in many ways and for many users, not that useful. It may serve some individuals with highly specific needs very well, but devoting a large percentage of an electronic library's acquisitions budget to print subscriptions is probably not wise. At the same time the need for monographs such as medical textbooks, atlases, computer programming manuals, and company directories, is being consistently demonstrated in our library.

As we all devote fewer resources to onsite journal collections, how we spend the limited remaining funds will depend on the needs of our users. In our setting, it appears that the best complement to our use of a remote source for articles is a core collection which consists largely of monographs, particularly those that fall into the categories mentioned above. In addition to this it would be useful to have a small core journal collection consisting of a combination of general journals (e.g. *Science* or *Nature*), some very highly used specialized journals for whom cost/benefit analysis demonstrated that it was cheaper to subscribe than repeatedly order articles from, and finally some publications for which there is no electronic table of content access or where table of contents are not particularly useful (e.g. trade journals or newsletters).

Electronic infrastructure

IBD has a Novell local area network (LAN), and all potential library users have access to microcomputers running *Microsoft Windows* (Microsoft Corp.). This LAN is part of a wide area network (WAN) connecting all NRC institutes including CISTI. In addition the institute has Internet access. The branch uses this connectivity in conjunction with three software packages, *Current Contents on Diskette (CCOD)* (Institute for Scientific Information), *Microsoft Mail for Windows* (Microsoft Corp.), and *Ariel* (Research Libraries Group, Inc.), to provide an electronic library.

Current Awareness: *Current Contents on Diskette (CCOD)*

CISTI has an agreement with the Institute for Scientific Information (ISI) to provide access to all 6 sections of *CCOD*. The contract allows for mounting the search software on each fileserver in each regional institute. On a regular basis the weekly updates are transferred from an Ottawa network to the IBD fileserver. This provides our library users with access to about 6000 tables of contents from their desktops. The 6 sections of *CCOD* are Life Sciences; Clinical Medicine; Agriculture, Biology and Environmental Sciences; Physical, Chemical and Earth Sciences; Social and Behavioral Sciences (no abstracts); and Engineering, Technology, and Applied Sciences (no abstracts).

There continues to be some browsing of our journal collection, but increasingly the browsing that occurs at IBD is "electronic browsing". When new issues of *CCOD* are loaded an e-mail note is sent out to all users who wish to be notified. Dozens of saved profiles are run weekly, many by the librarian, many by the staff themselves. Some of the profiles are lists of journal titles, but most are subject profiles. This subject browsing is the most powerful part of electronic browsing. Researchers discover relevant articles in journals they would never have perused in a library and often have never heard of until a subject search revealed a relevant article therein.

CCOD is an excellent product and has a number of features which make it suitable for replacing a comprehensive onsite journal collection. The large number of journals ensures that most important journals are covered. The fact that 4 of 6 sections have abstracts means that more meaningful browsing can take place. It also means that users have a better idea of whether an article actually warrants ordering. ISI's flexible licensing policy has permitted us to load issues locally instead of having to search a remote server. The pricing for the contract was also very reasonable given the high cost of individual subscriptions to *CCOD*. *CCOD* has very flexible downloading and searching capabilities. The ability to save sophisticated search strategies makes it especially useful for creating SDI searches for continuously monitoring the journal literature.

CCOD is not perfect, however, and has several serious limitations which our users have been quick to pick up on. The multi-issue search module only permits searching of 6 issues simultaneously. We have found that several journal titles and certain types of journals are not covered (e.g. trade journals, newsletters, sector specific business journals). In addition advertising is especially important for certain users (e.g. for electronics specialists) and news sections of certain journals (e.g. for business and development officers). Table of contents products such as *CCOD* cannot provide that kind of information. Abstracts are missing from *CCOD* for entire sections. This is a serious problem for our medical informatics researchers. Even though provision of abstracts is the norm in computer science journals, they are not provided with the Engineering, Technology, and Applied Sciences section. *[Editor's note: Since January 1995, ISI has started providing abstracts with this section of CCOD.]* Another abstract related problem is the inability to search in the abstract field. Timeliness has also been a problem with *CCOD*. Often the appearance of a journal in *CCOD* is a week to a month behind the receipt of that journal at CISTI. Finally, the most worrisome aspect of *CCOD* is that instead of being dependent on a range of journal publishers, we find ourselves increasingly reliant on one publisher (ISI) to provide us with all of our current awareness needs.

It should also be noted that our users rely on journal literature. If they instead relied more heavily on technical reports, monographs, conferences, government documents, or any other kind of literature which is not covered by a table of contents service, then this means of providing current awareness would not be as satisfactory as it is for our users.

Ordering documents: *Microsoft Mail for Windows*

The majority of the branch's users use *Microsoft Mail for Windows* for ordering documents from CISTI. Several features which make this a good e-mail package to use for our purposes include the following. It is very easy to use. It allows for the creation of mail groups which facilitate the provision of strategic carbon copies of messages. It permits the creation of savable templates which include both the body of the message and the addressees. It allows the insertion of portions of text or entire text files into the body of a message. The exact manner in which patrons order is outlined later in this article.

Transmission of articles: *Ariel*

Articles from CISTI Document Delivery in Ottawa are scanned and transmitted using Research Libraries Group's *Ariel* software. *Ariel* requires an IBM compatible microcomputer, a laser printer, and if one is to transmit as well as receive, an HP ScanJet scanner. *Ariel* compresses the image of the scanned article, saves it to the hard drive, then attempts to transmit it via the Internet (it will try up to 29 times at regular intervals). It can only communicate with other *Ariel* stations. At the receiving site the image is loaded onto the hard drive, decompressed, and sent to the laser printer. This software does not permit the retention of the images of scanned articles. Once the file is transmitted successfully from the transmitting *Ariel* station, it is automatically cleared from the hard drive. The same is true once the file is sent to the printer at the receiving station.

From the branch's point of view, *Ariel* has been very successful. Printing is quick, transmission time is short, quality of the output is very similar to that of a photocopy (and certainly much better than fax output). It is inexpensive and has worked well with off the shelf hardware. From CISTI Document Delivery's point of view, *Ariel* has not been satisfactory. In its current version, *Ariel* was simply not designed for high volume transmission. Scanning times can be as long as 40 seconds per page, it does not easily permit copying directly from the bound volume, the batch feeder for the ScanJet has a low capacity, has proven difficult to repair, and even with the use of the ScanJet batch feeder, a keystroke is required for every page scanned. An additional problem is *Ariel*'s incompatibility with other systems.

In September of 1994, RLG upgraded *Ariel*. The new software has some features which make it even more suitable for use in a library such as ours. The new features include: a version for *Microsoft Windows*, the ability to retain transmitted or received documents, use of a generic TIFF image format, and the ability to view scanned documents. It will continue however, to be too limited for use by a high volume document transmission centre like CISTI Document Delivery.

Reliable remote source of documents

CISTI in Ottawa has proven to be an excellent source for documents. 98% of all photocopies ordered by branch library users were supplied by CISTI in Ottawa. Another .6% were supplied by other CISTI branches. Of the 5352 photocopies ordered last year, it was only necessary to go outside of CISTI to obtain 74 of them.

User Community

Our users are for the most part both computer literate and library literate. Since this was their first library experience in this institution, they were not burdened by expectations of traditional library support from this library. The number of staff is small enough to permit individual orientations. Also the staggered manner in which they arrived at IBD meant that conducting so many individual orientations has been manageable.

Procedure for document ordering and delivery

Patrons use the online catalogue to ensure that the item is in CISTI's collection, and to obtain its call number. Patrons order documents by electronic mail. The order goes directly to CISTI in Ottawa. A copy of the message is delivered locally to our branch as well. In this way we can monitor the number of orders going through, we know whether the user has provided all the information required to fill the order, and it provides us with an electronic copy of the order in case we have to reorder an item. At CISTI in Ottawa, the item is retrieved from the stacks, photocopied, scanned, and transmitted using *Ariel* to our *Ariel* station in Winnipeg. It is printed on a laser printer. The patron is notified and comes to the library to pick it up. Turnaround time was monitored during May 1994. 96% of all items delivered by *Ariel* arrived the next day.

In September 1993 we introduced a second method of document delivery from CISTI. Using this method, the item is ordered electronically, but is delivered by regular mail. Items ordered in this way enter the mainstream of CISTI Document Delivery requests. Patrons are not required to provide the call number, nor are they limited to sending one request per message. During May 1994, 92% of items ordered electronically and delivered by internal mail arrived within 1 week.

At least 40% of requests coming through the branch are for regular mail delivery instead of *Ariel* delivery. In spite of the fact that patrons will receive the document 6 days later than if they ordered it to be delivered by *Ariel*, it is worth it to them not to have to search for and include a call number. It is also more convenient to include more than one item in a message. Finally the short turnaround time achieved by *Ariel* simply may not be required in many cases.

User Survey

A user survey was conducted in April 1994. 30% of all library users responded to the survey. The most salient results included the following. 48% of users stated that our library contained less than 1/3 of all the journals that they would regularly browse if they could. 67% of users used *Current Contents on Diskette*. Of those using *CCOD*, 70% stated that it mostly or completely made up for not having their normal browsing journals. 93% of those respondents use electronic mail to order library documents. Only 44% of library users stated that they required even half of the documents that they order within 48 hours. Finally library users were asked to rank the various sources for the items that they ordered or photocopied, with the following results. They are listed from most important to least important.

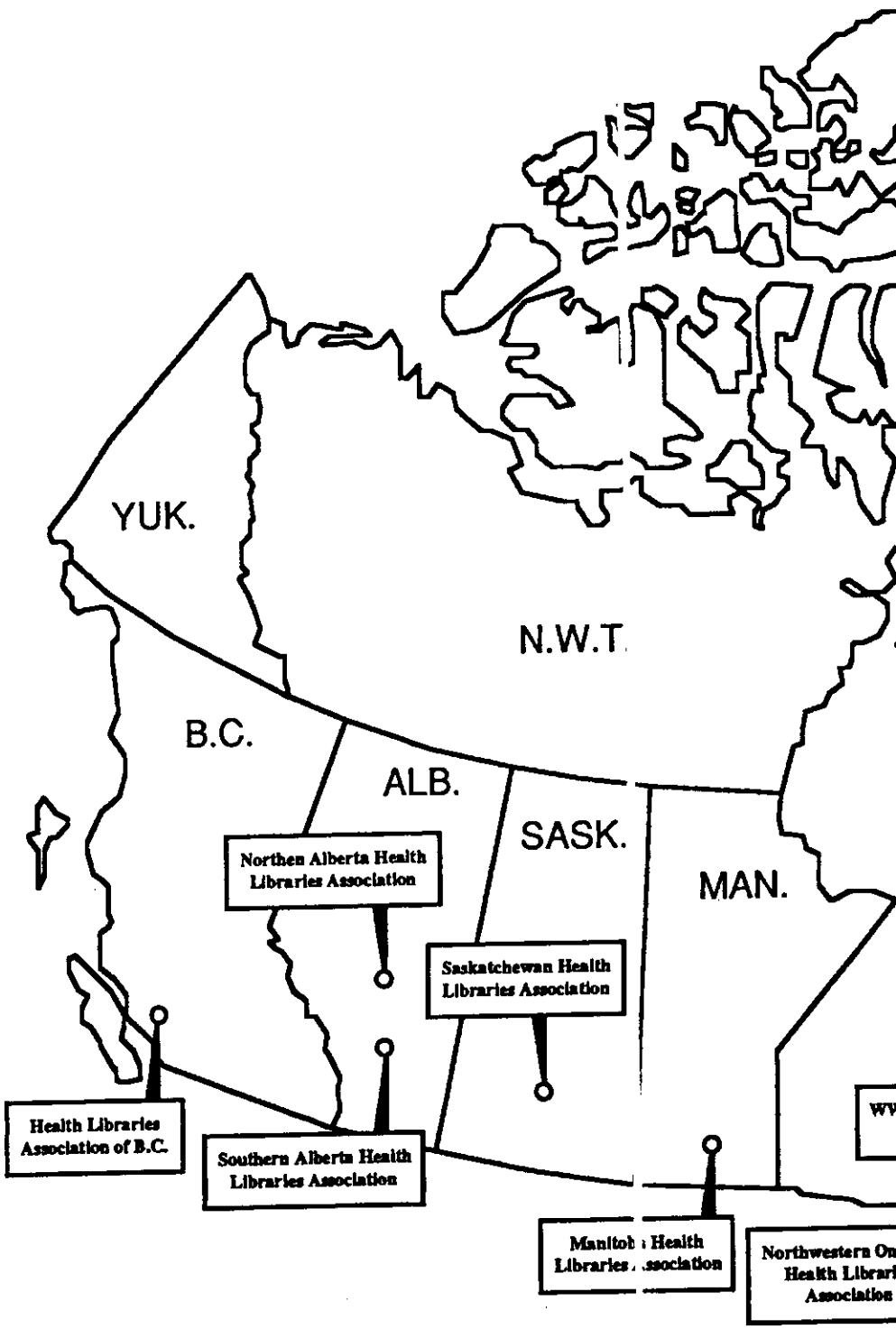
1. citations found in article bibliographies
2. citations found on *CCOD*
3. citations from mediated literature searches
4. articles found while browsing in our journal collection
5. citations from book bibliographies
6. citations found from end-user CD-ROM searches

Major problems with our "electronic" branch library

1. As mentioned above, our dependence on ISI for meeting virtually all of our current awareness needs is cause for concern. We must continue to explore other means of providing current awareness.
2. Electronic browsing still is not rich enough in information to prevent our users from ordering irrelevant articles. It will improve, as more abstracts become available, as researchers learn to more accurately describe their research in the titles of their articles, and as keywords become more consistently available.
3. The cost of ordering the high volumes of articles that result from having a negligible local collection can be very high. It can be argued, however, that money spent on ordering relevant articles is a more effective way of spending than subscribing to journals which may include hundreds of irrelevant articles.
4. Our *Ariel* software was reliable on the receiving end, but there were problems encountered in Ottawa as they tried to deliver the high volumes of articles that we were ordering. There were some hardware problems, some transmission problems, but the main problem was simply the time consuming nature of scanning high volumes of articles.

Conclusion

Our experiment in electronic librarianship has demonstrated that we can use existing hardware, software, and expertise to provide library users with an environment in which they can, in the absence of a substantial local journal collection, both maintain a reasonable level of current awareness and obtain within 24 hours virtually all of the articles that they require. ■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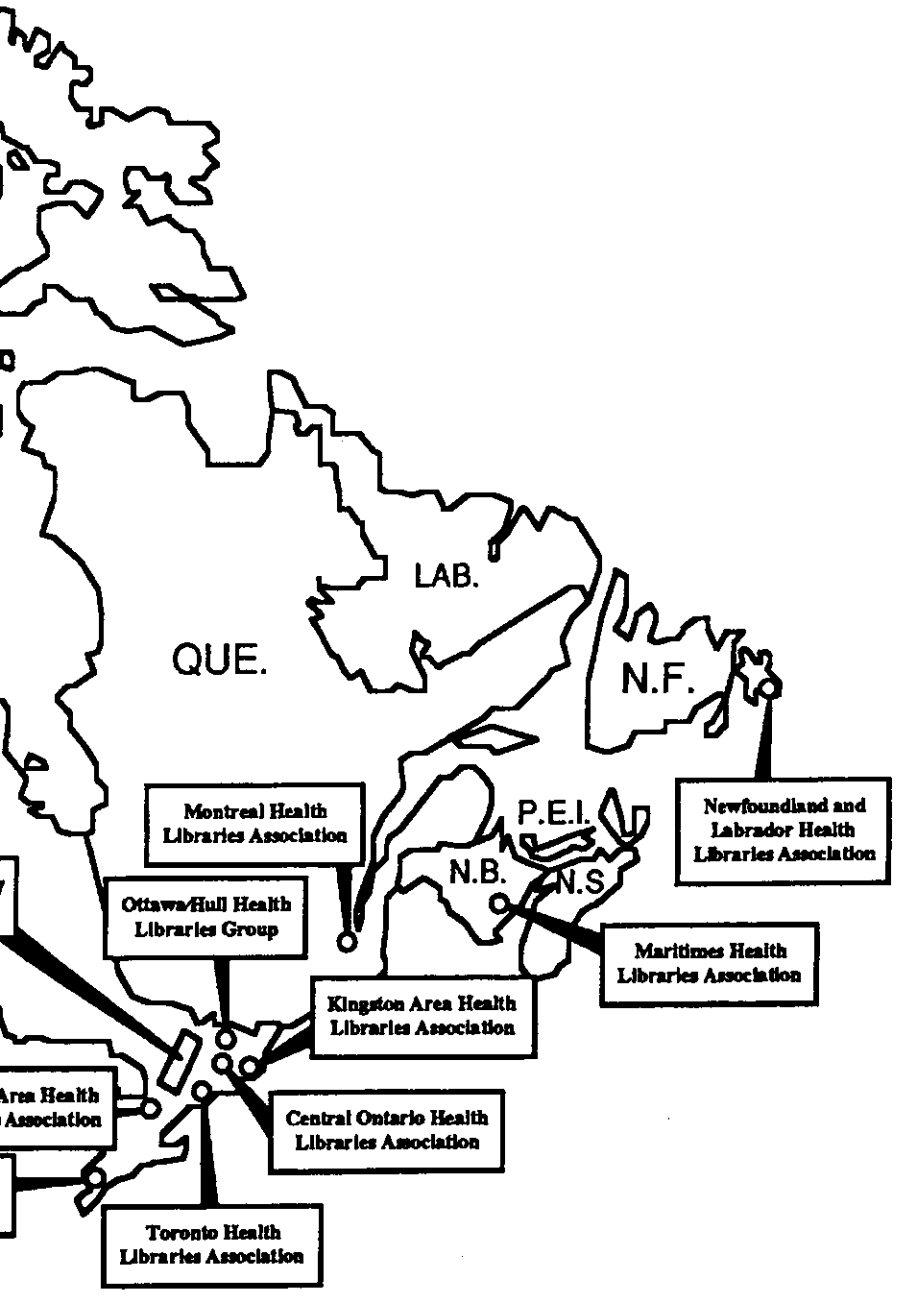

C.L.A.M. - Computer Literacy Advancement Modules: Helping Library Staff to Keep Up with the Information Age

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Introduction

The Health Sciences Library of Memorial University of Newfoundland has approximately fourteen hundred journal titles and one hundred and sixty thousand volumes. The library serves the Faculty of Medicine, the Schools of Pharmacy and Nursing as well as affiliate institutions and health professionals. Although part of the University Library system, the Health Sciences Library is self-sufficient and completely automated with its own acquisitions, serials and cataloguing departments. To accommodate this volume of users, functions and titles, the library employs twenty-five support staff and seven librarians, including one systems librarian.

Not all libraries have systems librarians or even the luxury of dedicated technical staff to watch over the library's computer operations like the Health Sciences Library. Those who do have systems support, experience shortened down-times and have the potential of supporting more advanced systems. (e.g. local area networks, laserdisks, etc). Staff who work in this type of environment do not have to concern themselves with the technical requirements of library operations. Instead, they can concentrate on becoming experts in the use of library software. The disadvantage of this scenario, as was the case for this library, is that it can lead to a knowledge deficit about computer functionality.

At Memorial's Health Sciences Library, staff utilize many different packages via ethernet connections, modems or pacx lines. As the Systems Librarian, it became evident shortly after my arrival in 1992 that I acquired many hats with this title: Repair Person, Complaints Officer, Negotiator (for technician's and programmer's time), and of course System Administrator. I was aware of all these roles, even before I had picked up my first cup of coffee. What I had not realized, much to my pleasure, was because of this lack of understanding about computer hardware and functionality, was that there was also a role for me as a trainer.

On the Spot Training

To correct this problem, I began to include staff in the resolution of the system problems unique to their machines by discussing solutions with them. I would explain why something was happening and how it was interacting with our network or with outside forces. Taking a little time to explain what was going on at least removed some of the mystique often linked to library systems.

Admittedly, this was only partial solution. What was needed was a program that familiarized staff with computer hardware and functionality. A structured program could follow a logical format, and be more thorough than brief discussions about specific problems. The sessions could paint the whole picture as to how the software staff were using was interacting with our computer system. An even more important reason for supplying this training was that the University library was just beginning the process of selecting a new integrated system, a decision that would affect all staff in the Health Sciences Library.

C.L.A.M.

The C.L.A.M (Computer Literacy Advancement Modules) program was designed during the fall semester of 1993. A total of six sessions made up the program, each session building on the previous. The modules were organized as follows (See Appendix A for more details):

1. Computer Hardware - What Happens Under the Cover
2. Disks and Data
3. Memory- RAM (Random Access Memory)
4. Startup Procedures - POST test, CMOS, autoexec.bat and config.sys
5. DOS - Disk Operating System
6. Networks - Local Area Networks

The intention was to make the sessions as informal as possible. The modules were given in a room in the library, where staff could bring coffee. Given bi-weekly, each session was presented twice, to keep the groups small and to allow the maximum number of staff to attend. Combine these factors with my ability to tell stupid jokes and the C.L.A.M. program proved to be a excellent way to learn about technical topics.

Observations

The sessions were well attended. Positive comments received from staff (evaluation sheets were distributed at each session) demonstrated the need for this kind of training. People liked the informal setup and said it helped to promote discussion. Staff said the length, one hour, was just right.

C.L.A.M. has expanded beyond the walls of the Health Sciences Library. Many of the sessions have been given to the rest of the University library community. Also, the Newfoundland Library Association has sponsored several workshops. C.L.A.M. will soon be filmed for use in the Library Studies Certificate program at Memorial. This video will also be used as an instruction tool to introduce new QEII library staff to computers. The success of this program demonstrates that a definite gap existed in staff training. Systems librarians need to fill this gap by making training and staff development a high priority. Client Server networks and sophisticated personal computers are now more available to library personnel. To use them most effectively, staff need to know about computer functionality. Programs like C.L.A.M., coupled with a commitment by the systems librarian, is the only way to keep libraries and their staff on the forefront of the information age.

Appendix A

C.L.A.M. Computer Literacy Advancement Modules
Module Outlines

Module I. Hardware - What Happens Under the Cover?

1. **Different types of computers**
   a. Mainframes
   b. Minicomputers
   c. Microcomputers
      – Microprocessors (8088,80286, 80386,80486,Pentium)
2. **Components of the computer**
   a. Input
   b. Output
   c. Processing
3. **Walk around the computer**
4. **Under the Cover**

   The System
   a. Mother Board
      i. Data Lines
      ii. Chips
      iii. CPU
      iv. Expansion Slots
      v. RAM
      vi. BIOS
   b. Power Supply & Fan
   c. Floppy Drive
   d. Expansion Cards
   e. Hard Drive

Module II - Disk & Data

1. **Disk technology**
   – Recording technology
   – Quick - Access design

   Bit: (contraction of binary digit) the smallest unit of data stored or received by thecomputer. It is a digital signal that has two possible states, 0 or 1

   Byte: bytes are made up of eight bits to convey more information.
   Byte = 8 bits
   Kilobyte (K) = 1024 bytes
   Megabyte (MB) = 1 048 576 bytes
   Gigabyte (GB) = 1 073 741 824 bytes
2. **Tracks and Sectors**
   – Use Tracks and Sectors to Calculate Storage
   – # of sides of Disk X # of sectors per track X 512 Bytes = Capacity of Disk

Floppy Disk Capacity

$3^1/_2$" High Density 1.44 MB

$5^1/_4$" Double Sided/ Double Density 720 KB

$5^1/_4$" High Density 1.2 MB

Module III - Memory

1. Types of Memory
   ROM Read Only Memory (system information)
   RAM Random Access Memory (workspace)
2. **Parts of RAM**
   – Conventional
   – Upper Memory
   – High Memory Area
   – Extended Memory
   – Expanded Memory

Module IV - Startup Procedures

1. **POST**
   (Power On Self Test)
2. **RAM Check**
   Checks the rest of RAM
3. **CMOS**
   (Complementary Metal Oxide Semi-conductor)
4. **DOS Loaded into RAM**
   (Disk Operating System)
5. **Config.sys**
6. **Autoexec.bat**

Module V - DOS

1. **DOS** (Disk Operating System) - Internal system software that controls how applications interact with the computer hardware.
2. **File** Collection of information stored as a single unit on a floppy or hard disk. Files always have a file extension to identify them. e.g. **.doc** (document), **.exe** (executable file), **.bat** (batch file), **.sys** (system file).

   Directory Collection of files stored on a disk.
3. **Syntax of DOS commands** : e.g. format a:\v/s
   – **format** - DOS Command
   – **a:** - destination of the format (could be c:\, d:\, etc)
   – **/s-** a **Switch** which specifies how the action should be completed. In this case /s , means with system files attached.
4. **DOS Common Commands**:

   ***** - wildcard

   HELP - HELP !!

   DIR- directory (Look at the files in a directory)

   FORMAT - initialize a disk to receive information

   COPY - copy files

   XCOPY - copy entire directories

   ERASE/DELETE - nuke files

   REN/RENAME - change the name of a file

   TYPE - have a look at the contents of a file

   CLS - clear screen

   EDIT - change an ascii file

   MKDIR/MD - make a new directory

   RMDIR/RD - remove a directory

   CHDIR/CD - change to another directory

   PATH - see the path statement

Module VI - Networks

1. **NETWORK:** Two or more computers electronically connected for the purpose of exchanging information.
2. **LAN** (Local Area Network) - is made up of several hardware components:

   File Server: The computer on the network that stores and manages information (files) for the other computers. Allows computers on the network to use the same hard disk drive (s).

   Workstations : The computers that connect to the server.

   Cable: Connects all the computers on the network. There are many various types of cabling.

   Network Interface Card (NIC): The expansion card that is put in the computer and the cabling is connected to it.
3. **LanManager Networks** ■

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Inventing our Future through Collaboration

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Keynote Presentation delivered to the Canadian Health Libraries Association, June 1994 — London, Ontario, Canada

Today I would like to try to help you understand the future and how I see some things, and hopefully, how you are beginning to see these things as well. If I had to say that there is **anything** fundamental to what is going on right now, it is **change**. While we talk about it and intellectualize it, there are some fundamental actions that we have to take to make change work. We have seen phenomenal pressures on us. Most people focus on the cost picture. I will talk a bit about that, but there is more to it than that.

The technological changes have been phenomenal. You [professional librarians] will understand that as well as anyone. I was recently at McGill [University] doing a survey with the Royal College of Physicians and Surgeons, and witnessed some of the developments beginning to occur in Montreal. The networking of information is just the beginning of what we will see in future.

I try to describe to people what is happening with computerization. Some of you had an Apple IIc as I did in 1987. That computer had as much power as an IBM 360 of the late 1960's. Changes of the same magnitude have occurred since 1987. The potential and the power of information is phenomenal and you are probably be caught up in that as much as any group. The fundamentals of inventing your future are really in your hands. They are not in anyone else's. You must begin to understand what that means to you — what it means to you personally, and what it means to you organizationally, and also what it means from a systems point of view.

"Just try to imagine that someone said that there would be 50,000 unemployed librarians in 1999"

I'd like to start with some thinking on change. At this conference you are addressing the paradigms that establish the current boundaries, and in so doing, they constrain us in how we think. They are the rules that have provided the success of the past for people like you and me. Let me submit to you that the rules of the past are gone. We must create new rules. This does not mean that we create them unilaterally, but there will be new rules and new games.

Many of you may have seen the video by Joel Barker(1) on "the paradigm effect". If you did, you know what happened from 1968 to 1975 in Switzerland. In 1968 80% of the watches were made in Switzerland. In 1975 there were 50,000 unemployed watchmakers. Now just try to imagine that someone said that there would be 50,000 unemployed librarians in 1999. I am not wishing that on anybody. I could say that about CEO's as well. What we saw in Switzerland was a fundamental paradigm shift. Barker talks about everything going back to zero. New rules are established. In 1968 the Swiss, having invented the quartz, did not understand what it was or what it could be. Here was this thing that did not have a mainspring. How could it possibly be a watch? And of course, the rest is history. Most of you are wearing one.

So we see such things — we see the changing understanding of the world around us. We must understand it contextually from the systemic or systems point of view. We must understand change from the organizational point of view and from the personal point of view. Interestingly enough, I think people see it around them, but do not understand what it means to them personally. Until we understand what it means to us personally, we cannot fundamentally shift the paradigm.

That is where the crux of the matter is. How do we personally engage ourselves in rethinking how we do things? How do we come to the fundamental understanding that unless we shift, we may be obsolete? I could talk for a long time about becoming a learning organization and some of the work that Peter Senge(2) has done in **The Fifth Discipline**. What is important in understanding the shift is that we all must become learners again.

There were two times in my life when I had to rethink my life. One was when I was 18 to 20. I had been brought up in the sixties and the time had come to rethink my fundamentals. I quit school. I did not appreciate what I was doing, so I quit. I started reading about philosophy, psychology, social psychology, and the family. As a result I came to the thinking that I had to do something different from what I had done in the past, that I had to reset my rules and the principles by which I would live.

The second time came later in my life when I got into quality management. I have spent the last five or six years creating an organization and working with people around that task. It has taken some essential rethinking to arrive at how I would behave in an organization that was trying to use the "P" word, paradigms and the "E" word, empowerment. It entails a complete rethinking of how we do things in organizations. It is at the systems level that we have to unlock this thing and break down the barriers. Reinventing the future is really an extension of the quality management philosophy. We talk about breaking down the barriers. Any of you who have heard any talks on quality hear about dealing with the "silos". The reality is that we must break outside of our organization and become systemic in nature, both within our professions and outside of them.

Often our professionals are creating the paradigms and trying to keep them in place. That is not always the case, but I see it among CEOs and I see it among other professionals. It is a worrisome thing because it renders us unable to rethink how we are going to do things. Everyone is worried about who is going to win and who is going to lose.

We need to rethink change. If you read some of Stephen Covey's work(3), and you understand what he is saying about having win-win opportunities, you will see that there are plenty of

them out there. It is not a limited pie if we see it a new way, although there may be limited resources.

The current health paradigm is that the health system is focused on hospitals and curing disease. When you really look at it, this is where the dollars are spent. There are reasons for this. The system is hierarchical in nature, and self-serving. It treats individuals and it is provider-driven. It is driven by the providers ... not the consumers. So why is it not working? And why do we have to change? Because there are changing economics. There is greater emphasis on ambulatory care. There is rationalization and regionalization. For those of you who are from Ontario, just wait 15 months, you have not really seen it yet. If you think change is upon us now, just wait. I think almost every other province in this country has seen elemental change in how the system is designed. Unfortunately Ontario has not yet been able to grab hold of this need for change, and do what has to be done. I think we are all complicit in not being able to do it because we not understanding each other. We are trying to create solutions using our old paradigms.

Many of you know this perhaps, but I will just remind you that in 1991 about 9.9 per cent (it is a little over 10 percent now) of the GNP was used in health care. In 1960, the figure was 5.5 percent. In those 30 years or so, only 18 months have been added to the lifespan of people in this country. In the United States, 15 percent of the GNP is being consumed by health care, with 25 percent of the American people not even insured, not even cared for. In some countries in Scandinavia, and in some European countries, as well as Japan and some others, their results are better and they are spending significantly less.

So the question is: Is it money? I don't think so. Is it how we use it? Yes. Is it how we work together? Yes, I think that is also part of it. We have not yet created what we have to create. We have another little problem arising along the way, particularly when we look at the countries in Europe where the number of elderly people are much higher than they are in Canada. There is phenomenal use of resources by people over the age of 65. If we keep going in that way we will not have enough resources to take care of you or me when we get older. We have to do something about this system.

One of the fundamental problems is that less information is shared, and what we do share is of decreasing quality. People look at hospitals and say that hospitals do not know how to cooperate or collaborate. But it is not just hospitals. Look at the number of little agencies that are created, all with their own little domain. This is not to say each is not important unto itself, but we have created a series of agencies and organizations that have isolated themselves and are doing their own thing, each thinking they are the only ones that are important. What I think you will see, and what I try to show and describe to people, is that when you look through your window, through your paradigm, you only see health or maybe education, and maybe information.

I am saying to you that education is clearly part of what you do. If you open the shutters you will see a bigger world. That mountain that you think is the problem in health or in whatever happens to be your area of specialty, is in fact just part of a series of peaks that are all connected. It is the system that is the problem. It is not one or the other but all of them. Insanity has been defined as trying to do the same thing the same way, and expecting to see a difference. That is the problem: we keep doing the same thing the same way and expect to see a difference. Clearly we are not going to see that difference.

We have seen an evolution of healthcare from cost avoidance (which we have not done badly), to value improvement. The stage that we must now look at is the creation of healthy or healthier communities. We must look at the system quite differently. We must look at it as part of a community instead of as institutions in the community. Unfortunately, we have spent a lot of time being in this narrow band of primary, secondary, and tertiary care, with some post-discharge and rehabilitation services. We need to be partners together, to collaborate together. The world that we are looking at is different from the one that we persist in seeing. We need to see it differently. We need to see the whole mountain range. We need to look at how we are going to create a future using those resources. Health is a community resource. The good of the community must transcend the political, economic, and social interest of any provider, or any group of providers. Unfortunately we say it but keep doing what we are doing.

I cannot tell you the number of meetings that I have found myself in, where people talk one way and behave another. It is not because they are trying to be cute or deceptive. It has nothing to do with that. It has to do with the way we have been taught to think about things, and the way we keep trying to create solutions to problems. We must redefine the health system. We must rethink how we define it from a consumer or community point of view. Of course, as soon as I say that, I see a huge number of professionals saying, "Well we don't know how to do that".

"The potential and the power of information is phenomenal and you are probably caught up in that as much as any group"

Go to 13 people and ask them what they want. The successful organizations of industry and business have become powerful by asking their customers what they wanted, and when they began to find out, giving it to them. Some will immediately say it that it will cost money to do that. It costs money to do whatever people want. We are not really hearing people. We are listening, but we are not hearing. They want something different from what they are getting. We have to listen differently and we must also listen to each other quite differently than we ever have. We must create a vision in our communities that is substantially different from what we have had in the past. People cannot work in isolation anymore. I know it is harder to work in groups, but the vision we create must be shared. We must think as systems thinkers and we must begin to master change.

One of the things that I have come across in working with organizations that I find quite surprising, is how incapable we are in terms of actually causing change. We plan very well, and we even do a little bit, but unfortunately the fundamental shifts that have to occur are not occurring. What we need is a different kind of thinking.

Many of you have discovered some of the work of DeBono(4) and his use of creative thinking. We must being to integrate left and right brain thinking in a different way than we have in the past. We must create something that is imaginative, but we have not been very good at imagery. Imagery begins to give us ways of looking at things differently. Gareth Morgan(5) of

York University has done work on this subject and has written a book called *Imaginization*. His goal is to try to break people out of the old ways of thinking. It is very difficult for us to stop thinking the logical way. To tell someone that his or her future is not going to be dependent on the successes of his or her past is very difficult. If you look at the organizations that have been successful, you will find that many of them have changed dramatically over time. They have not stayed still. Those that have stayed still have gone downhill. In the last 5 years, 2/3 of the Fortune 500 companies are no longer there. They are not there because they had said that they had arrived. When Florida Light and Power finally won the Baldridge award, they went downhill. It was because they had finally reached something and said "Well now we've reached it, we don't have to do anymore". This is not about stopping and thinking that we have arrived. It is about performing the continuous elements that go into creating a future that is quite different from where we are. We must create, improve, and solve problems in a new way.

We have seen evidence of the creation of change when people helped each other create new solutions. An example is the development of the lithotripsy procedure. It was invented by Dornier, the airplane manufacturer. A urologist and an engineer were studying the phenomenon of airplane windshields being broken by the energy from lightning. They were working to solve that problem. Suddenly what was a problem became an opportunity, because the urologist said "What if we can harness that and focus it on kidney stones?" Of course we have seen what happened. It has fundamentally changed how we treat some people, without the invasiveness that we have seen in the past. But it meant bringing a urologist and an engineer together. We have to try things. We will make some mistakes along the way. Unfortunately we are not very courageous.

How many times have you celebrated a failure? We will not succeed in a creative world unless we fail from time to time. We need to understand that. The other part of it is that leaders have to indict their own past decisions and behaviours to bring about change. This is not as easy as we think. We have created these problems, so it is very difficult for us. We must look at collaboration. We must have a full partnership, and leadership is quite different.

In our institution one question is: What is a facilitator and what is a leader? We are looking at changing the names of all of our management staff to something like team leader, not president or leader or czar or god or demi-god. It is time to look at how we can break down some of these barriers that we have created artificially.

Let me focus on trust, because I think the problem is that we are not very trustworthy in the big game of life—whether personally with our families, or otherwise. When we create trust and personal trustworthiness, then we begin creating a new kind of harmony and possibilities for the future. We must create this thing called empowerment. In our patient care areas we have now cut 40% of our nurse managers without a lot of noise. Every time someone voluntarily left or retired, almost invariably we did not replace them. Suddenly we have a certain change in organization and we are now beginning to figure out the next step and truly believe in the people we have left.

Trust has many components which you can list such as constancy of purpose, competence, reliability, integrity, and values. The two most important are values and competence. Often we have individuals or organizations characterized by one but not the other. An institution could be very competent and have no values. I would not want to work in such a place. I will take the values first and build an organization with competency. I think that you can create competencies, but it is very difficult to create values. You can do it, but it takes a lot of hard work.

My point is that in order for organizational alignment to work, for systemic change to take place, for this movement into the community toward relating in a different way, certain things have to be done. Here are some of the necessary behaviours and shared responsibilities:

Low key encouragement is essential. We spend a lot of time not recognizing people. There is nothing more powerful to me personally. I had to personalize it to really understand it. When my boss says to me, "You did a great job, Phil", I feel pretty good. I suspect you do too. But we forget that this is what we have to do—to spend more time encouraging people. We do not really do it. We have not been taught to do it as well as we could.

We have to facilitate group discovery. The hard work is not physical hard work; it is the mental hard work that we are going to have to do. It is about learning. I read two books a month almost religiously (I sneak in a Robert Ludlum from time to time). It is important that we start incorporating knowledge, and you do not get knowledge by waiting until someone does something different. You have to create that. You have to be flexible.

Everyone has to share the goals. This is the alignment issue. If you do not know where you are going, you will always get there [i.e., nowhere]. We have found in healthcare an inability to get results because we do not know what results are. We have not looked at outcomes. In medicine, for example, only 10 to 20 percent of what has been done has been demonstrated to be cost-effective through the study of outcomes. Does it mean that the other 80 percent is not cost-effective? It means we have not bothered to find out. We built the system on a model of "doing no harm". Is that the way we are going to build our society? No. Maybe that is one of the reasons we are in trouble.

Recently in Ontario we started using the ICES Practice Atlas by the Institute for Clinical Evaluative Sciences in Ontario(6). It is a powerful document for helping us to look at what we are doing. What we have done is often use information to get the bad apple. What we need to do is to work with people and help them understand the important changes that have to occur. I believe most people want to change if they know what they are changing for. We have to give up power to gain power. It is amazing — I feel that because of my ability to give up power in my organization, I feel more powerful. It is a paradoxical effect. Agree on the assumptions about the future. You do have to make some assumptions. You cannot leave it to each person to make his or her own assumptions. Clearly their values are very valuable to organizations. Clearly vision for community is very important. Respect organizational cultures and styles. Most organizations can tolerate style change but organizational culture requires change as well. We have done studies and found that you can really change culture. Significant changes have been documented by Synergistics, a group that we used to measure shifts in organizations.

Be a transformational leader, and by the way, leadership does not just come from CEOs or managers of departments. They do come from many places. We keep looking for leadership somewhere else, for someone else to walk up and be the leader.

Of course what we do not realize is that leaders do not lead. Leaders inspire you to go where you need to go, where your organization or organizations need to go. We do need to change from this idea of just having to solve problems, to the idea of creating new visions for the future. You don't do this by just moving along incrementally. New visions are created when people speak with conviction. The problem is that people have difficulty speaking it, let alone behaving it. I think that words are as powerful as actions for leaders. Leaders have to speak it and believe it. I am spiritual about this — I think the missing element in leadership is a lack of spirituality.

One of the things that we try to do in creating this purposefulness when we invent the future, is to collaborate. We have to invent a paradigm that includes both of us. It is not about beating people; it is about both of us winning. We will have to change. I may not be a CEO of a hospital in 5 years; you may not be a librarian as you know it. The world is changing. You may be information technologists, information specialists, people who are creating opportunities for people to learn, knowledge finders, or teachers. This is not about what we have seen in the past. It is about a future which is quite convergent.

In summary, we have to redefine the healthcare system. We must serve the community. We must have a shared vision. We must continuously improve what we are doing. We must think in terms of the whole system. We must master change. Systems thinking means that we cannot solve our problems by thinking at the same level as we did in the past. We must condemn the past—condemn the ways that we have done what we have done. If you want healthy people, you have to create healthy cities, livable cities, decent housing, clean water, clean air, community organizations, recreation, and strong families. They must knit together. Serving the community together means a shared vision. I know that I have said that several times, but I do not think that we have shared visions in our communities and we must create that. We must understand that we have a stake in a future — which is understanding the customer. It is about serving others, not ourselves — and it is tough to admit that we have created this world for the providers.

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■

Learning the Internet by Video: A Product Review

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Introduction to the Internet. Winnipeg, MB:
ShareViews Video Tutor, 1994. 110 min., $34.95 Cdn.

There are a variety of sources about the Internet, but comparatively few are in video format. If properly produced, video instruction can be one of the most effective ways to learn. Teaching theory indicates that people generally remember about 50% of what they see and hear. This is significant when compared to remembering only 10% of what they read. Video is a logical medium for Internet instruction. Given some of the conceptual hurdles inherent in accessing the Internet, video instruction helps Internet users to get off to a fast start.

Introduction to the Internet by ShareViews Video Tutor has found its niche among Internet instructional sources. The premise of ShareViews is to provide "just the information you need...without the frills." The stated intent of this video is to be "one of the easiest and most practical guides that will 'show' you the Internet and how to use it from a home, or office PC." The focus on the practical aspects of using the Internet lives up to this billing. There are many step-by-step on-screen examples within a comprehensive scope of coverage with MicroSoft Windows as the PC operating platform. The majority of the material is intended for the novice Internet user but even those with experience will find some of the information in this video most useful. The video is divided into six parts.

The first part provides general background information about the Internet and includes a useful discussion of the types of services Internet providers offer and the range of costs that may be encountered. A brief example of the steps necessary to gain access is given. The second part goes into more detail on how one can get connected. This discussion compares terminal and direct connections and points out the services that Internet providers must have for the latter.

The third part describes the tools used to navigate and find information on the Internet. This part divides the discussion into text based and graphical user interface (GUI) tools. The Internet Gopher is first described and the discussion includes how to use Veronica to search for information. Jughead, however is not explained well. There is also no mention of how to place bookmarks and set up bookmark lists. Hytelnet is described and an example of the resources that can be accessed is given. A telnet example is given and most importantly there is a description of the various options to properly terminate a connection if one gets stuck logged-in to a remote site. The World Wide Web (WWW) is discussed but the concept of hypertext, which is fundamental to the Web, is not well described. A very brief example of the WWW browser Lynx is given. For GUI tools, significant orientation time is devoted to the Web browser called Mosaic. The example begins with obtaining a direct connection and then starting up Mosaic. The various Web acronyms are defined and Internet addresses explained. This part of the video concludes with Wide Area Information Servers (WAIS) and how to go about finding a WAIS server and perform a search.

Part four focuses on using the Internet for communication. The electronic mail programs Pine (UNIX based) and Eudora (Windows based) are used in the examples. However, more time is spent on the various features of Eudora. Descriptions of how to append files to an e-mail message and the type of file formats that one may come across in addition to ASCII, such as bin hex (software) and MIME (multimedia) are most useful. Finding e-mail addresses is covered but the video recommends telephoning the person whose e-mail address you want to obtain. Useful tips are provided in using mailing lists and newsgroups. The news reader Trumpet for Windows is used in the example.

Lastly, Internet Relay Chat (IRC) and the various features in using it on the UNIX platform are covered in addition to how to go about participating in this interactive medium. The Getting Files section starts with a description of the types of files encountered and handling compressed files is later addressed. Anonymous file transfer protocol (ftp) examples are given for terminal and direct connections with the latter using a program called WS-FTP. UNIX commands for moving through directories include ftp by terminal connection. Once downloaded onto the host computer the instructor verbally describes downloading the file onto a PC. Novices may not find this very helpful. Locating files using Archie and finding Archie servers using Gopher is shown and an example of Winsock Archie is used with the direct Internet connection. Mosaic access to files on the WWW is briefly covered in this part.

Anyone who has had difficulty installing and configuring programs on their PC will find the final segment of this video most useful. It begins with setting up a modem and progresses through samples of communication software and the specific settings for terminal connection. The rest of the instruction focuses on installation in Windows. This includes Winsock for running the various Internet applications such as Telnet for Windows and WS-FTP. The mail program Eudora is also installed and its configuration well explained. This section concludes with setting up script files for logging into the Internet provider.

The review copy of *Introduction to the Internet* by ShareViews Video Tutors had noticeably varying sound levels between the on-screen instructor and the voice dubbed in during demonstrations. The picture quality was fair to good. It was sometimes difficult to see the text on the Mosaic interface. The instructor also tended to speak quickly at times. Despite this, the comprehensiveness of the material, the useful tips, the clear step-by-step instruction and the price makes this video a highly recommended choice for those who want to effectively learn how to use the tools to access Internet resources. ■

DOCLINE Update

Michelle Slachta
Electronic Product Coordinator, DOCLINE
CISTI

Annual SERHOLD update

The 1994 Annual SERHOLD update for Region 20 (Canada) was completed as planned in October. CISTI and Nancy Press (NN/LM PNR in Seattle, Washington) coordinated the submissions to the National Library of Medicine for the following groups.

Reported by CISTI via UNION

Memorial University, Health Sciences Library • Dalhousie University, W.K. Kellogg Health Sciences Library • McGill University, Health Sciences Library • McGill University, Osler Library, Montreal • University of British Columbia, Woodward Biomedical Library • University of Manitoba Medical Library • University of Manitoba Dental Library • University of Alberta, J.W. Scott Health Sciences Library • University of Calgary, Main Library • University of Calgary, Medical Library • University of Saskatchewan, Health Sciences Library • Queen's University, Bracken Library • Université Laval, Science Library • Canada Institute for Scientific and Technical Information

Reported by NN/LM PNR (Nancy Press) via Paul Ward (October 1994)

BC Cancer Agency, Vancouver • College of Physicians and Surgeons, Vancouver • BC Health Association, Vancouver • BC Rehabilitation Society, Vancouver • Chilliwack General Hospital • Nanaimo Regional Hospital • Justice Institute of BC, Vancouver • Lions Gate Hospital, Vancouver • Otto Schaefer Library, Govt. of the NW Territories, Yellowknife • Royal Inland Hospital, Kamloops • Registered Nurses Assn. of BC, Vancouver • Royal Jubilee Hospital, Victoria, BC • Burnaby Hospital • Royal Columbian Hospital, New Westminster • Surrey Memorial Hospital, Surrey, BC • Vancouver Health Dept., Vancouver, BC • Workers Compensation Board of BC, Richmond

Reported by NN/LM PNR (Nancy Press) via Paul Ward (April 1995)

Glenrose Rehabilitation Hospital, Edmonton • Cross Cancer Institute, Edmonton • Royal Alexandra Hospital, Edmonton • Alberta Health, Edmonton • Caritas Health Group (formerly Edmonton General Hospital) • Peter Lougheed Centre Library, Calgary • Bow Valley Centre Library, Calgary • Foothills Hospital Educational Resources Library, Calgary • Tom Baker Cancer Centre Medical Library, Calgary • Alberta Children's Hospital, Calgary • Rockyview Hospital Library, Calgary • Long Term Care Inservice Resource Centre, Calgary • Suicide Information and Education Centre Library, Calgary

1995 SERHOLD Updating Schedule

The National Library of Medicine will update SERHOLD annually for Canada during which additions, deletions or modifications will be processed. This will occur every year in October. NLM will also do a midyear update of new libraries and/or new records (no deletions or modifications) in April, six months after the annual update. Update deadlines are September 1 and March 1, respectively.

Libraries have several methods for getting serials holdings information into the SERHOLD database to be used for DOCLINE routing. 1) CISTI will accept holdings data once a year (but is considering whether it is necessary to submit again in April for those libraries using the UNION approach), 2) Paul Ward will accept holdings data twice a year, and 3) the Pacific Northwest Region of the National Network of Libraries of Medicine (NN/LM PNR) will accept holdings data at any time since they are entering directly into the system and are not restricted to the tape schedule. CISTI is currently investigating the possibility of offering online SERHOLD updating services to Canadian libraries on a cost-recovery basis.

A DOCLINE information package, complete with contact names and information on costs is available from CISTI. To obtain this package contact:

Michelle Slachta
Electronic Product Coordinator, DOCLINE
Electronic Products and Services
CISTI/NRC
Ottawa, Ontario K1A 0S2
Tel: (613) 993-1210
Fax: (613) 952-8244
Internet: cisti.docline@nrc.ca

New DOCLINE Workshop to be held at CHLA/ABSC '95 in St. John's

CISTI will give DOCLINE workshops for the first time in St. John's in June. This half-day workshop is designed for all current DOCLINE users and also for those who intend to use DOCLINE in the near future. It is intended for librarians or support staff who will be responsible for using DOCLINE for ILL. Participants will learn how the system works by discussing the routing of DOCLINE requests and the unique features of each of the seven modules (BORROW, RECEIPT, LEND STATUS, MESSAGE, CANCEL, LD RECEIPT). Participants will also learn about Loansome Doc, a GRATEFUL MED feature which provides individuals with the capability of electronically ordering documents from a DOCLINE library. Online practice sessions are included.

Schedule:

Saturday June 3 . . . 1:30 p.m. – 5:00 p.m.
* Limit: 15 . . . . . $60/person

Sunday June 4 . . . 9:00 a.m. – 12:30 p.m.
* Limit: 15 . . . . . $60/person

Please contact CISTI to register
(address and phone numbers above). ■

Nouvelles de DOCLINE

Michelle Slachta
Coordonnatrice de produit, DOCLINE
ICIST

Mise à jour annuelle de SERHOLD

Comme on l'avait prévu, la mise à jour annuelle de SERHOLD de 1994 pour la région 20 (Canada) s'est terminée en octobre. L'ICIST et Nancy Press (NN/LM PNR à Seattle, Washington, É.-U.) ont coordonné la soumission de fonds documentaires à la National Library of Medicine pour les groupes ci-dessous.

Fonds reçus et traités par l'ICIST par l'entremise d'UNION

Memorial University, Health Sciences Library • Dalhousie University, W.K. Kellogg Health Sciences Library • McGill University Health Sciences, Library • McGill University, Osler Library, Montreal • University of British Columbia, Woodward Biomedical Library • University of Manitoba Medical Library • University of Manitoba Dental Library • University of Alberta, J.W. Scott Health Sciences Library • University of Calgary, Main Library • University of Calgary, Medical Library • University of Saskatchewan, Health Sciences Library • Queen's University, Bracken Library • Université Laval, bibliothèque scientifique • Institut canadien de l'information scientifique et technique

Fonds reçus et traités par NN/LM PNR (Nancy Press) par l'entremise de Paul Ward (octobre 1994)

BC Cancer Agency, Vancouver • College of Physicians and Surgeons, Vancouver • BC Health Association, Vancouver • BC Rehabilitation Society, Vancouver • Chilliwack General Hospital • Nanaimo Regional Hospital • Justice Institute of BC, Vancouver • Lions Gate Hospital, Vancouver • Otto Schaefer Library, gouvernement des Territoires du N.-O., Yellowknife • Royal Inland Hospital, Kamloops • Registered Nurses Assn. of BC, Vancouver • Royal Jubilee Hospital, Victoria, C.-B. • Burnaby Hospital • Royal Columbian Hospital, New Westminster • Surrey Memorial Hospital, Surrey, C.-B. • Vancouver Health Dept., Vancouver, C.-B. • Workers Compensation Board of BC, Richmond

Fonds reçus et traités par NN/LM PNR (Nancy Press) par Paul Ward (avril 1995)

Glenrose Rehabilitation Hospital, Edmonton • Cross Cancer Institute, Edmonton • Royal Alexandra Hospital, Edmonton • Alberta Health, Edmonton • Caritas Health Group (formerly Edmonton General Hospital) • Peter Lougheed Centre Library, Calgary • Bow Valley Centre Library, Calgary • Foothills Hospital Educational Resources Library, Calgary • Tom Baker Cancer Centre Medical Library, Calgary • Alberta Children's Hospital, Calgary • Rockyview Hospital Library, Calgary • Long Term Care Inservice Resource Centre, Calgary • Suicide Information and Education Centre Library, Calgary

Calendrier de mise à jour de SERHOLD de 1995

La National Library of Medicine procédera annuellement à la mise à jour de SERHOLD au Canada, où elle traitera les ajouts, les suppressions et les modifications nécessaires. Cette mise à jour aura lieu en octobre. La NLM effectuera aussi, six mois après la mise à jour annuelle (soit en avril), une mise à jour semi-annuelle pour les nouvelles bibliothèques et les nouvelles notices. Les dates limites de soumission pour les mises à jour sont le 1er septembre et le 1er mars, respectivement.

Les bibliothèques peuvent avoir recours à différentes méthodes pour verser leur information de fonds documentaire dans la base de données SERHOLD, utilisée pour l'acheminement électronique MEDLINE. 1) L'ICIST acceptera les données de fonds documentaire une fois l'an (mais étudie la nécessité de resoumettre en avril pour les bibliothèques qui ont recours à par UNION), 2) Paul Ward acceptera les données de fonds deux fois l'an, et 3) la région du Nord-Ouest pacifique du National Network of Libraries of Medicine (NN/LM PNR) acceptera les données de fonds documentaire tout au long de l'année étant donné qu'ils accèdent directement au système et qu'ils n'ont pas à se plier à l'horaire de soumission sur bande magnétique. L'ICIST étudie actuellement la possibilité d'offrir des services de mise à jour en direct SERHOLD aux bibliothèques canadiennes, pour autant que cet exercice soit autofinancé.

On peut obtenir auprès de l'ICIST une trousse d'information DOCLINE, qui comprend une liste de personnes-ressources ainsi qu'une liste des tarifs. Pour ce faire, communiquez avec

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Produits et services électroniques
ICIST/CNRC
Ottawa, Ontario, K1A 0S2
téléphone : (613) 993-1210
télécopieur : (613) 952-8244
Internet : cisti.docline@nrc.ca

Nouvel atelier DOCLINE à l'occasion d'ABSC/CHLA '95, à St. John's

Pour la première fois, l'ICIST offrira des ateliers DOCLINE à St. John's en juin. L'atelier d'une demi-journée a été conçu pour tous les usagers actuels de DOCLINE ainsi que pour tous ceux qui prévoient exploiter ce système dans un futur rapproché. Il vise les bibliothèques et les employés de soutien qui seront responsables de l'exploitation de DOCLINE aux fins de PEB. Les participants apprendront comment le système fonctionne en discutant de l'acheminement automatique des demandes DOCLINE ainsi que des fonctions particulières de chacun des sept modules (BORROW, RECEIPT, LEND STATUS, MESSAGE, CANCEL, LD RECEIPT). Les participants se familiariseront aussi avec Loansome Doc, un module de GRATEFUL MED qui permet à tout usager de commander de façon électronique des documents auprès d'une bibliothèque DOCLINE. L'atelier prévoit des séances de pratique en direct.

Calendrier :

samedi, 3 juin . . . . . 13 h 30-17 h 00
* Limite : 15 personnes . . . . 60 $/inscrit

dimanche, 4 juin . . . . . 9 h 00-12 h 30
* Limite : 15 personnes . . . . 60 $/inscrit

Communiquez avec l'ICIST pour vous inscrire (coordonnées ci-dessus). ■

News from CISTI

Dianne Pammett
CISTI-EPS-MEDLARS

IntelliDoc

CISTI's Intelligent Document Delivery System - IntelliDoc - is being prepared for its launch. It has been designed to better serve clients by integrating several new and existing systems to provide a reliable and rapid method of responding to client requests for documents in various formats, including electronic delivery of articles.

The complete document delivery process, from ordering to invoicing, has been overhauled and fully automated. Existing systems have been integrated into IntelliDoc, including automatic call numbering, copyright information, order tracking, and client information and management. Other improvements to come will include automated bibliographic searching, retrieval of electronically stored documents, storing and indexing of scanned images (with publishers' permission), messaging and status reports.

Over the past year a high-volume customized scanning workstation has been designed to transform paper documents for electronic transmission. Four pilot sites are currently testing the full system including electronic delivery.

Initially most orders will be filled with a paper copy produced on a laser printer from the scanned image and delivered by courier or mail. Gradually the volume of orders flowing through IntelliDoc will increase as urgent orders, broker orders and the Service 2000+ orders are incorporated. When the scanning workstation is fully integrated into IntelliDoc, orders will be distributed and tracked by the system and CISTI's photocopy operations will be replaced by high speed image scanners and laser printers.

CISTI is preparing technical documentation with examples of software and hardware currently known to support a number of these options. CISTI is eager to work with you to help you design a suitable "receiving" site.

To discuss specific requirements, contact:

Clare MacKeigan
IntelliDoc Project Manager
Tel: (613) 993-7055Fax: (613) 952-8243
Internet: clare.mackeigan@nrc.ca

SwetScan

CISTI is pleased to announce that online access to the tables of contents of 14,000 different magazines and journals from around the world is now available through CAN/OLE SwetScan service. With over 2000 titles in all fields of medicine, this valuable resource can save a library thousands of dollars in subscription costs to those journals that are only occasionally used. With weekly updates to ensure access to the very latest publications, SwetScan contains two types of records:

- *tables of contents as they are listed by the publisher, searchable by journal title, ISSN, volume or year*
- *individual article records searchable by title, subject or author*

Once the article needed has been located, SwetScan's "order" option will direct your order to CISTI's Document Delivery for processing.

A subscription to SwetScan will enable computer access for up to 100 separate users within an organization. There is no hourly rate for searching, unlimited access throughout the year, and direct access to CISTI's document delivery services.

For more information, please call:

Ross Gordon
CISTI-EPS-SwetScan
Tel: (613) 993-1210Fax: (613) 952-8244
Internet: cisti.swetscan@nrc.ca ■

Nouvelles de l'ICIST

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ICIST-PSE-MEDLARS

IntelliDoc

On s'affaire actuellement à peaufiner IntelliDoc, le système intelligent de fourniture de documents de l'ICIST. IntelliDoc, qui sera lancé bientôt, devrait permettre de mieux servir les clients: on y a intégré plusieurs systèmes, anciens et nouveaux, qui, ensemble, offrent un moyen sûr et rapide de répondre aux demandes concernant des documents se présentant sous divers formats — ce qui, bien sûr, englobe la fourniture électronique de documents.

C'est tout le processus, de la commande à la facturation, qu'on a révisé et complètement automatisé. On a incorporé les systèmes existants à IntelliDoc — repérage de cote automatisé, renseignements sur les droits d'auteur, suivi de commande, information relative aux clients et outils de gestion. Au nombre des améliorations futures, mentionnons : la recherche bibliographique informatisée, la récupération des documents mis en mémoire *électroniquement*, la mise en mémoire et le positionnement d'images balayées par scanner (avec la permission de l'éditeur), le courrier électronique et les rapports d'étape.

Au cours de la dernière année, on a conçu un poste de travail de balayage spécialisé à grand débit capable de traiter les documents papiers sous forme électronique. Le système complet, qui comprend la fourniture électronique, est présentement testé sur quatre sites pilotes.

Au départ, on remplira la plupart des commandes au moyen d'une copie papier obtenue d'une imprimante au laser à partir de l'image balayée par scanner; la livraison s'effectuera par courrier ou par la poste. Le volume des commandes passant par IntelliDoc augmentera graduellement alors que ce dernier acceptera les commandes prioritaires, celles des courriers et celles du Service 2000+. Une fois le poste de travail de balayage totalement intégré à IntelliDoc, c'est le système qui assurera le suivi et la distribution des commandes; parallèlement, des balayeurs d'image et des imprimantes au laser prendront la relève pour les opérations dites de «photocopie» de l'ICIST.

L'ICIST prépare actuellement une documentation technique comportant des exemples de logiciels et de matériel de traitement des données qui fonctionnent avec un certain nombre de ces options. Il tarde déjà au personnel de l'ICIST de vous aider à concevoir un poste de «réception» adéquat.

Si vous voulez en savoir plus, communiquez avec :

Clare MacKeigan
Gestionnaire du projet IntelliDoc
Tél. : (613) 993-7055Téléc. : (613) 952-8243
Internet : clare.mackeigan@nrc.ca

SwetScan

L'ICIST est heureux d'annoncer que, grâce au service SwetScan de CAN/OLE, on peut désormais avoir accès en direct aux tables des matières de 14 000 revues et journaux de partout dans le monde. Forte de plus de 2 000 titres de tous les domaines de la médecine, cette ressource inestimable peut signifier, pour une bibliothèque, plusieurs milliers de dollars d'économie — les coûts d'abonnement aux journaux auxquels on n'a recours que très occasionnellement. SwetScan sera mis à jour sur une base hebdomadaire, ce qui permettra d'avoir accès aux toutes dernières publications. SwetScan contient deux sortes de documents :

- *les tables des matières, telles qu'elles sont cataloguées par les éditeurs — recherche en fonction des titres des publications, du ISSN, du volume ou de l'année;*
- *des articles — recherche par titre, sujet ou auteur.*

Une fois qu'on aura localisé l'article voulu, l'option «commande» de SwetScan acheminera votre commande au Service de fourniture de documents de l'ICIST.

En s'abonnant, un même organisme peut compter jusqu'à 100 utilisateurs de SwetScan. La recherche n'y est soumise à aucun taux horaire, l'accès n'y est pas contingenté au cours de l'année et on accède directement aux services de fourniture de documents de l'ICIST.

Pour obtenir plus de renseignements, communiquer avec :

Ross Gordon
ICIST-PSE-SwetScan
Tél. : (613) 993-1210téléc. : (613) 952-8244
Internet: cisti.swetscan@nrc.ca ■

Report of the CHLA/ABSC Representatives on the ABSTI Subcommittee on Health Sciences Information

Linda Wilcox
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24 Huron Street West, Exeter, ON N0M 1S2, Internet: lwilcox@julian.uwo.ca

This newly-formed Subcommittee had its inaugural meeting on October 28, 1994. Its mandate is to provide specialized advice to ABSTI (Advisory Board on Scientific and Technological Information) on CISTI's plans, priorities, programs and services to the health sciences and medical research communities. Subcommittee members have been selected to respond to this mandate in their roles as spokespersons for the representative groups known as CHLA/ABSC (Ms. Lea Starr, Ms. Linda Wilcox), ACMC (Ms. Vivien Ludwin), ASTED (Ms. Germain Chouinard) and the Medical Research Council (Mr. Ian Shugart). The two ex-officio members on the Subcommittee are the Director General of CISTI (Ms. Margot Montgomery) and the designated coordinator for medical information within CISTI (Mr. Cameron Macdonald).

Who is ABSTI?

The following ABSTI Board members meet twice per year: Dr Israel Unger, Dean of Science, University of New Brunswick; Ms. Judith Carrie, President, IGW Canada, Gananoque, ON; Mr. Peter Deutsch, President Bunyip Information Systems, Montreal, PQ; Mr. Ernest Ingles, Director of Libraries, University of Alberta; M. Claude Lafrance, Vice-President, CRIQ, Sainte-Foy, PQ; Ms. Vivien Ludwin, Head, Health Sciences Library, Queen's University, Kingston, ON; Ms. Marnie Swanson, University Librarian, Victoria, BC; Mr. Robert Warren, President, RW Enterprises, Mississauga, ON. Ex-officio members include: Ms. Margot Montgomery, Director General, CISTI; Dr. Marianne Scott, National Librarian; Dr. Clive Willis, Vice-President, Physical and Life Sciences, National Research Council of Canada. The ABSTI Subcommittee Chairperson (Ms. Vivien Ludwin) reports directly to this committee.

Who is MRC?

Mr. Ian Shugart represents the MRC (Medical Research Council) and the end-user on the Subcommittee. MRC is broadening its traditional biomedical mandate to encompass issues such as health policy, health outcomes, and population health. The MRC's current initiatives include a feasibility study for a Canadian Health Research Information Network and the development of a Health Sciences Research database. The Subcommittee suggested to MRC that they explore opportunities for collaboration with the representative groups at the table who have had experience with such projects. For example, CISTI has been involved in developing a database of NRC research and expertise.

CISTI Update

Training - during the last fiscal year, CISTI trained 363 participants at 43 workshops. It was suggested that CISTI could market their on-site training in information access techniques to industry clients.

Billings - CISTI is currently working with a new Client Registration System and the goal of the Billing System is to pull all the services purchased by an organization together under one central billing code.

MEDLARS Pricing - The NLM reduction in the foreign surcharge on the connect hour rate was applied to billings starting October 1. 1994. CISTI would encourage accessing MEDLARS through the Internet.

Collection Development - The budget has been maintained but through the cancellation of duplicate titles, CISTI is still able to add approximately 400 titles per year. They would welcome our suggestions for titles to purchase. The Subcommittee suggested titles in the areas of consumer health and alternative medicine.

Clinical Guidelines - The Subcommittee mentioned the HSTAT database and the need to place Canadian materials in it. Also the need to promote any Canadian clinical guidelines that are published was discussed.

DOCLINE - CISTI is coordinating the expansion of DOCLINE into Canada. For further information, please refer to *BMC* 1994;16(2):90 (Slachta, M: Report form CISTI - Status of DOCLINE in Canada). DOCLINE could be demonstrated at a future ABSTI meeting so that it can be examined as a possible model system for implementation across Canada for all disciplines.

CISTI Review of Union List Involvement - CISTI prepared a document about changing CISTI's level of involvement in the Union List. Each Subcommitte member was asked to take this report back to their associations/groups for feedback.

IntelliDoc - Subcommittee members were given a demonstration of the high quality copying and speed of these generic imaging workstations. IntelliDoc could be used in conjunction with ARIEL technology for document transmission.

Indexing Time Lag - CISTI will draw to NLM's attention the unacceptably long indexing time lag for journals. A study conducted at Queen's looked at a sample of 19 journals in physiology and the indexing delay ranged from 2 weeks to 26 weeks, with an overall average delay of 13.2 weeks. These physiology journals were further classified Priority 1 with an average delay of 4.6 weeks and Priority 2 with an average daily of 18.2 weeks.

This Subcommittee will meet again in the spring of 1995. If you have any suggestions, comments or questions on any CISTI issues, please contact your CHLA/ABSC representatives on the Subcommittee — Lea Starr or Linda Wilcox. ■

CANMEDLIB Update

Susan Cleyle
Systems Librarian, Queen Elizabeth II Library, Memorial University of Newfoundland
St. John's, Newfoundland, Internet: scleyle@morgan.ucs.mun.ca

A new Internet discussion list was announced in *BMC* issue 16(1). This list, called CANMEDLIB, is designed to serve the interests of health care libraries in Canada by facilitating discussion of issues and disseminating information which is important to Canadian libraries and librarians in the health care field. Since this interest group began in July, almost 200 people have joined. Subscribers work in a diverse collection of libraries: academic, hospital and special. Although most subscribers are from Canada, there are members from several other countries including Britain, Japan, Australia and the United States.

The list itself had some technical difficulties with the Listserver software but is now completely operational. As a result, subscribers are posting to the list on a regular basis and CANMEDLIB is becoming more and more active. Topics are varied and include announcements from CISTI, job advertisements, calls for papers, as well as questions about day to day library operations. CANMEDLIB is an unmoderated list but is monitored for problems by the ListOwner, Susan Cleyle, Memorial University of Newfoundland, (Internet address: scleyle@morgan.ucs.mun.ca).

To join CANMEDLIB and to receive all postings, send a "subscribe canmedlib YourFirstName YourLastName" message to listserver@morgan.ucs.mun.ca. For subscribers and others who wish to post to this list, address your messages to canmedlib@morgan.ucs.mun.ca. More information on CANMEDLIB can be obtained by sending an "information canmedlib" message to listserver@morgan.ucs.mun.ca. ■

Contents of *Health Libraries Review* Volume 11(3) 1994

Health Libraries Review is the official journal of the Medical, Health and Welfare Libraries Group of the Library Association. The June issue is a theme issue on current issues in health informatics. Issue 11(4) will cover evidence-based practice. Here is the table of contents for 11(3):

Audit of health services - the crucial role of information
by Jean Roberts, p155-159

An operational view of the role of health librarians in informatics
by Neil Rambo, p161-166

The evolution of undergraduate medical informatics programmes
by Jeanette Murphy, p167-176

What are the Read Codes?
by Nick Booth, p177-182

The information handling techniques of research (laboratory and clinical) scientists: preliminary indications of current practice
by Mary Davies, p183-195

Getting better with information
by Peter Drury, p197-200

The 1994 Unified Medical Language System Knowledge Sources
by Betsy L. Humphreys, p200-203

Networking MEDLINE in a District General Hospital: a case study at Ealing Hospital NHS Trust
by Paul Valentine, Fraser Wilson, Dr. Hugh Mather, and Antoine Tabone, p203-205

ASSIST - Association for Information Management and Technology Staff for the NHS
by Caroline Sawers, p205-207

Health Libraries Review is published quarterly and the subscription price for North Americans is $129.00 (US). Subscribers in Canada must add GST.

Orders for current subscriptions and back issues should be sent to:

Journal Subscriptions Dept.
Marston Book Services
P.O. Box 87,
Oxford, U.K.

Orders for reprints should be addressed to Blackwell Scientific Publications Ltd. Osney Mead, Oxford OX2 0EL ■

Old World, New World: CHLA/ABSC 19th Annual Conference

June 2-7, 1995
St. John's, Newfoundland

The Newfoundland and Labrador Health Libraries Association is pleased to host the Canadian Health Libraries Association's 19th Annual Conference in the beautiful and historic city of St. John's, Newfoundland, June 2-7, 1995. The conference theme, OLD WORLD, NEW WORLD, is drawn both from the historic character of St. John's and the surrounding areas, and from the principles of preserving and building on enduring values in health librarianship. We will explore this theme by attempting to put technological developments into the context of "what we are" and "what we do" and by looking at the application of traditional library skills in non-traditional areas.

Mary Dykstra, a member of the Canadian Advisory Council on the Information Highway and former Director of the Graduate School of Library and Information Science, Dalhousie University, will give the keynote address. Dr. Dykstra will speak on the current rate of change in information technology and its effect on traditional and emerging roles of librarians. Other programme topics include:

- *Unified Medical Language System Knowledge Sources*
- *Delivery of Health Services in Newfoundland:*
  The Old: (An Historical Perspective)
  The New: Telemedicine and the Health Sciences Library
- Cybraries and Cybrarians
- *Evidence-Based Medicine*
- *Panel presentation: "Access vs Ownership: Problems and Solutions" including an academic library and vendor perspective*
- *Debate: "Information Technology has not fundamentally changed what librarians do, only how they do it."*
- *OhioLink: A Mega OPAC*
- *Establishing Family Resource Libraries*
- *Quality Assurance in a Cooperative Library Network*

This year, we are pleased to bring something new to the conference: a **Full Three-day Programme** culminating in a Special Forum on Resource Sharing. Only in Newfoundland would the conference end a half day later!

Great reasons to come early for the conference are pre-conference CE courses:

- *Embase (full day)*
- *Medlars Basic (CISTI course, full day)*
- *Grateful Med (CISTI course, half day)*
- *Docline (CISTI course, half day)*
- *The Internet as a Reference Tool (CHLA course, full day)*
- *Evaluating New Technologies in Libraries (CHLA course, half day)*
- *Consumer Health Information Services (CHLA course, full day)*

Don't miss it! Circle the dates in your calendar! Plan to attend, come early and stay late! We promise our good old Newfoundland hospitality with some great tours, food, music and dancing with Sweet Absalone!

	Member	Non-member	Student/retiree
Full conference fees (includes all sessions, banquet & opening reception)	$160	$180	$80
Single Day	85	95	45
CHLA CE Course - Full day	125	140	
CHLA CE Course - Half day	60	75	
CISTI Course - Full Day	120	60	
Embase	Free		
Bird Island Adventure - optional	$45/ticket		

PS: The CHLA 1995 pre-registration package should be mailed out shortly. If you have not received a copy of our package by March 15th, and wish to have one, please contact us.

For further information, please contact the Planning Committee co-chairs:

Shaila Mensinkai, Janeway Child Health Centre Library, (709-778-4344) Internet: smensink@morgan.ucs.mun.ca

Catherine Lawton, St. Clare's Mercy Hospital Library, (709-778-4314) Internet: clawton@random.ucs.mun.ca ■

Northern Exposure to Leadership Institute

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Edmonton, Alberta T6G 2R7, Internet:georgia.makowski@ualberta.ca

Last fall, I had the opportunity to participate in a unique and special event, the Northern Exposure to Leadership Institute, held September 29 to October 4 at Emerald Lake Lodge in Yoho National Park, British Columbia. The Institute was sponsored by Dynix, An Ameritech Company and was organized by a nation-wide committee led by Ernie Ingles, Director of Libraries at the University of Alberta. Divided into four "Discovery Groups", twenty-six librarians and eight mentors from across the country spent five days in discussion and exercises focused on both library leadership and personal exploration. The participants were mostly librarians with one to five years experience from all sectors of librarianship. The main criteria for acceptance at the Institute were that participants be in the early stages of their career and have demonstrated leadership potential. Most participants were sponsored by their own organizations, in my case, the University of Alberta.

When I returned, colleagues asked me what we did at Emerald Lake other than appreciate the beautiful scenery and atmosphere. In a purely descriptive sense, I could say that we listened, talked, and played the odd game or two. Of course, it was much more than that. Although I greatly appreciate and commend the contributions and vision of the mentors, it was my fellow participants that made the Institute such a rewarding experience.

The chance to share and talk with other librarians at similar stages in their careers was even more valuable than I had anticipated. I had completely expected the emphasis on leadership, but not the experiences in personal exploration. However, in retrospect, it makes perfect sense. You cannot lead others without understanding them, you cannot understand others without understanding yourself.

More specifically, some of the topics that we covered were the Myers-Briggs Type Indicator for personalities, communications, human relations, and a vision for the future of librarianship. Each of the mentors gave a "fireside chat" to relate some of their experiences in addition to meeting with interested participants on an individual basis. The final event of the Institute was a native pipe and honouring ceremony that brought the experience to a rather poignant conclusion.

When the Institute is offered again, I would strongly encourage interested librarians who meet the criteria to apply as participants. I found it to be a highly beneficial experience that I will not soon forget, both in terms of learning and in terms of building a nation-wide network of colleagues. ■

Old World, New World
CHLA/ABSC Annual Conference 1995
Final Call for Submissions for Poster Sessions

Have you conducted research, developed a new programme, or engaged in a project, study, or review that you would like to share with your colleagues, but do not wish to present a formal paper? Perhaps the poster session is for you!

Poster sessions have been a very popular way of sharing information at recent conferences. Posters are visual presentations of information about research or other projects. They offer conference delegates an informal alternative to plenary sessions, and an opportunity to interact with the poster presenters. As the term "poster session" suggests, information is mounted upon a posterboard background and may be composed of any combination of text, charts, graphs, photographs, objects, and textual items. Occasionally presenters incorporate a video or other demonstration. Handouts are very popular adjuncts to posters.

If you think that you might like to contribute to the poster session, please contact:

Elaine Duffie or Linda Barnett
Health Sciences Library
Memorial University of Newfoundland
Tel:709-737-6025/6676
Fax:709-737-6866
Internet:eduffie@morgan.ucs.mun.ca
lbarnett@morgan.ucs.mun.ca ■

New Resources to Note

New DOCLINE video available

A DOCLINE video, entitled "DOCLINE for Document Delivery" is now available for purchase. The tape, produced by the New England Regional Medical Library, is in VHS format, runs 22 minutes and is closed captioned.

The tape was developed to provide assistance to new DOCLINE libraries, those interested in becoming DOCLINE participants, and current participants who may need additional training or reinforcement.

Copies of the tape may be purchased for $13.50 U.S. Orders from Canadian libraries must be received in U.S. dollars only.

Orders should be sent to:

Video Files
1011 Arlington Blvd., Suite T-4
Arlington, VA 22209

Libraries may wish to consider using a vendor to purchase the video.

FAS/FAE information service launched

Canada's first national information service on fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE) is up and running. Operated by the Canadian Centre on Substance Abuse (CCSA), the service is for doctors, nurses and other health care professionals, teachers, substance abuse professionals, lawyers, the police, law makers, caregivers, of children with FAS/FAE and anyone else interested in learning more about the syndrome.

The service, funded by Health Canada, the Association of Canadian Distillers, the Brewers Association of Canada and CCSA has two components:

- *a reference desk, staffed by an information specialist who can be reached toll-free (1-800-559-4514). Callers can ask for information, request searches of the databases of the National Clearinghouse on Substance Abuse and tap into the expertise of the Canadian Substance Abuse Information Network.*
- *an electronic information system, for users who have access to a computer and a modem. After logging on, users can call up information on current research, specialized bibliographies, new publications, Clearinghouse databases, directories of system users, FAS/FAE organizations, local resource centres, and support groups. There is an annual $50 subscription fee, and users pay per use (the telecommunications charges are approximately $0.40/minute).*

For more information, contact Carole Julien, Richard Garlick or Tess Radford: tel (613) 235-4048 or 1-800-559-4514 or fax: (613) 235-8101. ■

Telemedicine Schedule

Here are the remaining telemedicine programs for the the current session. **All the sessions are on Mondays from 3:30 - 4:15. EST.**

Feb. 27, 1995 - *Reaching the Nursing Staff: Experiences from the Hamilton-Wentworth Health Library Network.* Speakers are Janette Hatton, (Librarian, Hamilton Civic Hostpials, Henderson Divsion) and Lois Wyndham (Librarian, Chedoke-McMaster Hospitals, Hamilton).

April 3, 1995 - *Running a Customer-focused Library.* Speaker is Jane Cooney (President, Books for Business, Toronto).

April 24, 1995 - *Automating Your Library: Building a Winning Business Case.* Speaker is Brenda Brooks (Consultant, Bizware, Toronto).

May 15, 1995 - *Worldwide Web: Navigating Beyond E-Mail.* Speakers are Elaine Boychuk (Associate University Librarian, Access and Systems Services, Dalhousie University, Halifax) and Grace Patterson (Director, Medical Informatics, Dalhousie University, Halifax).

June 5, 1995 - *Accessing Oncology Resources: Literature and Internet Based.* Speakers are Cathy Bennett (Nurse Educator, Hamilton Regional Cancer Centre), Mike Fraumeni (Librarian, Hamilton Regional Cancer Centre), and Jan MacVinnie (Information Speicalist, Cancer Information Service, Hamilton).

June 26, 1995 - *Applying the New CHLA/ABSC Standards for Hospital Libraries.* Speaker is Judy Inglis (Librarian, Deer Lodge Centre, Winnipeg). ■

Career Opportunities

The University of Manitoba Libraries

The University of Manitoba Libraries invite applications for the position of Head, Neil John Maclean Library. Currently under construction, the Neil John Maclean Library will merge the University of Manitoba Medical and Neilson Dental Libraries and the Health Sciences Centre (HSC) hospital libraries. Completion of the Library is scheduled for the summer of 1996. During the construction process, the incumbent will be responsible for all aspects of planning for the consolidation of the three libraries.

Head
Neil John Maclean Library

The incumbent is responsible to the Director of Libraries for the administration and operation of the Neil John Maclean Library, serving the Faculties of Dentistry and Medicine and the HSC. Within the overall policies and priorities of the University of Manitoba Libraries, to set goals and develop policies, priorities and projects for service provision to the health science community of both the University, at both the Bannatyne Campus and off-campus teaching sites, and the HSC. To assess the effectiveness of library service to the health science community and implement changes to promote excellence. To coordinate collection development for the Neil John Maclean Library. To ensure the provision of services to the HSC in accordance with the contract between the HSC and the University. To provide overall leadership in the application and use of technology for information retrieval and delivery in the health sciences. To provide for effective liaison to the faculties and user groups served by the Library. To participate as a member of the Libraries Management Advisory Committee in the discussion and development of overall Libraries objectives, policy planning and budgets.

Qualifications: A degree from an ALA-accredited library program. Good knowledge of health-related disciplines acquired through studies or professional experience. Good knowledge of scientific documentation and bibliographic sources in the health sciences. At least ten years of relevant professional experience, including several years of administrative experience. Ability to manage and organize, qualities of leadership and excellent oral and written communication skills are essential. Candidates must exhibit a well-developed understanding of the role of new technologies in libraries and are expected to participate in professional development and relevant professional activities. Effective date: July 1, 1995.

Ranks and Salary Ranges: Commensurate with qualifications and experience. Assistant Librarian: $33,715-$50,863; Associate Librarian: $42,339-$63,877. This position has a two-year probationary period. Librarians enjoy academic status with possibility of promotion. The filling of this position is subject to final budgetary approval.

The University of Manitoba encourages applications from qualified women and men, including members of visible minorities, aboriginal people and persons with disablities. The University provides a smoke-free environment, save for specially designated areas. In accordance with Canadian immigration requirements, this advertisement is directed to Canadian citizens and permanent residents. Submit application, including resumé, salary expectations and the names of three references **by April 15, 1995** to:

Carolynne Presser,
Director Of Libraries,
The University Of Manitoba Libraries,
Winnipeg, Manitoba
R3T 2N2 ■

Northeastern Ontario Regional Cancer Centre

The Northeastern Ontario Regional Cancer Centre is a division of the Ontario Cancer Treatment and Research Foundation (OCTRF). The OCTRF, through its regional cancer centres, provides a province-wide system of cancer prevention, treatment, research and education. We are currently seeking a Librarian (part-time, 2.5 days per week) to develop, organize and manage a fully automated library providing leadership and direction in the delivery of quality library services.

Librarian
(part-time, 2.5 days per week)

Qualifications: The successful applicant will hold a Master's Degree in Library Science (MLS) with three to five years related experience in a medical health science library or a Bachelor's Degree in Library and Information Science with five to ten years related experience. He/she must have a working knowledge of online searching (specifically Medline) and database software such as Inmagic, PDQ, Current Contents and CancerLit. Familiarity with WordPerfect 6.0a for Windows is an asset. Applicants with demonstrated management experience/skills will be considered favourably. Excellent organizational, interpersonal and communication skills are a must. Membership/eligibility in the Canadian Health Libraries Association is preferred. Bilingualism (English/French) is an asset.

Qualified and interested applicants are invited to submit their resumé and covering letter, no later than Thursday, March 30, 1995, to the:

Coordinator, Human Resources,
Northeastern Ontario Regional Cancer Centre,
41 Ramsey Lake Road,
Sudbury, Ontario
P3L 5J1
or fax: (705) 523-7335
Please quote filename LIB02/95 ■

CHLA/ABSC Publications

Workload measurement systems : a guide for libraries, 1992
CHLA/ABSC Task Force on the CHA/MIS Guidelines

This publication marks the culmination of three years' work by the Task Force entrusted with the task of laying the groundwork for developing national guidelines for collecting data on library workload measures. It also constitutes the course guide for a workshop accredited by CHLA/ABSC and the Medical Library Association (MLA).

Readers are given a thorough grounding in the basic terminology and salient features of workload measurement systems (WMS). The Guide contains detailed instructions on how to design and implement WMS programs to meet the disparate needs of libraries of various types and sizes. The value of WMS as a departmental management tool to assist in performance and budget monitoring is stressed.

Included in the Guide are sample data collection and assessment forms, a conceptual model delineating primary and secondary library functions and an annotated bibliography.

ISBN 0-9692171-3-7 Softcover
30.00 ..... CHLA/ABSC Members
40.00 ..... All others
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